



WORLD ASSOCIATION
FOR POSITIVE AND TRANSCULTURAL
PSYCHOTHERAPY

WAPP Ethical Principles & Guidelines



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INTRODUCTION TO ETHICAL PRINCIPLES AND ETHICAL GUIDELINES

The Ethical Principles and Ethical Guidelines of the World Association for Positive and Transcultural Psychotherapy (WAPP) serve as the foundational framework for ensuring responsible, professional, and compassionate care in the field of mental health.

A key emphasis of the Ethical Principles and Ethical Guidelines of the World Association for Positive and Transcultural Psychotherapy (WAPP) is cultural competence, requiring practitioners to be aware of and respect clients' diverse cultural backgrounds while continuously educating themselves about different cultural perspectives.

By adhering to these principles, Practitioners of Positive Psychotherapy commit to maintaining the highest standards of integrity, professionalism, and competence. The guidelines not only protect the rights of clients and patients, but also foster trust and accountability within the professional relationship, ensuring that the practice of Positive and Transcultural Psychotherapy (PPT after N. Peseschkian, since 1977) remains ethical, effective, and aligned with the best interests of those we serve.

The WAPP Executive Board is very grateful to the members of the Ethical Advisory Task Force for preparing a draft of this important document over a period of more than one year. These Guidelines were accepted by the WAPP Executive Board on 14th October 2024 and approved by the General Assembly of all WAPP members on 12 February 2025.



ETHICAL PRINCIPLES

These Ethical Principles are binding for WAPP/EFPP member organisations. This is also applicable to psychotherapists, counsellors, consultants, trainers, trainees, supervisors, training organisers and specialists who are working in the framework of Positive Psychotherapy worldwide.

I. Introduction

The method of Positive and Transcultural Psychotherapy belongs to the humanistic, transcultural and psychodynamic psychotherapeutic methods. This conflict-centred and capability-oriented method was established by Prof. Nossrat Peseschkian in 1968 in Germany. It has its foundation in extensive cross-cultural research conducted across more than 20 diverse cultures around the world.

II. Principles

1. Principle of Hope

Positive and Transcultural Psychotherapy (PPT) holds the belief that every human being is fundamentally kind and good by nature. Human beings resemble mines full of gems, they are not like blank slates or empty vessels. The actualization of this potential hinges on certain factors, whether they be limiting or supportive in nature. There is a symbolic positive function of the symptom which has to be recognized by both therapist and patient. This means that all situations no matter how difficult they are can be understood and changed for the better.

2. Principle of Consultation

The PPT perspective emphasizes that the psychotherapeutic process primarily revolves around the interaction between the therapist and the client. Crucial elements of this interaction encompass sharing opinions, resolving disparities, fostering collaboration, and jointly reaching decisions within the psychotherapeutic (educational) process. Ensuring the client's autonomy and their right to self-determination remains paramount in this approach. Understanding the potential, applications, and limitations of psychotherapy and employing Positive Psychotherapy appropriately, ensures no harm is done. Additionally, recognizing consultation with colleagues and supervisors is an essential resource for maintaining professional competence.

3. Principle of Self-help

The psychotherapeutic (educational) process is focused on moving from relying on external resources (like the therapist) to developing the internal resources of the individual or family. The psychotherapeutic relationship is not a source of ready-made knowledge, but a space that creates conditions for the development of individual abilities. In the therapeutic relationship, the client moves through attachment and differentiation towards autonomy.

Positive and Transcultural Psychotherapy encourages clients to shed their passive roles and actively engage in a "therapeutic role," wherein they collaborate proactively with the therapist for the betterment of their family and community.

4. Uniqueness of Personality

The therapeutic alliance between the therapist and client represents a meeting of two distinct personalities, each harbouring a wealth of unique life experiences. Beyond the observable symptoms, our aim is to find the individual who possesses these singular experiences. In the psychotherapeutic relationship, both the psychotherapist and the therapeutic process (including the educational aspect) must remain attuned to and



flexible in accommodating the specific requirements of the client. It is imperative that the treatment offered is not only beneficial but also maintains a high standard of quality. Throughout the therapeutic journey, the psychotherapist upholds a deep respect for the client's personal values and the integrity of both the client and their family.

The underlying philosophy of Positive Psychotherapy emphasizes treating all individuals engaged in our projects (whether actively or passively) with utmost respect and dignity.

5. Principle of Balance

Positive psychotherapy views life and human development as striving for natural dynamic balance. The therapeutic objective is to assist the client in enhancing their abilities and achieving balance in life by promoting the physical, mental, social and spiritual health of individuals, families and communities. The Positive Psychotherapist must establish a strong and professional therapeutic rapport, finding a delicate balance between therapeutic empathy and maintaining appropriate emotional distance, all while serving as a role model for healthy relationships, and acting in the client's best interests.

6. Principle of Transcultural Sensitivity

Transcultural sensitivity is an important professional competence. We acknowledge and factor in the cultural dimension as an influential element impacting health, the evolution of one's personality, the emergence of disorders, and the dynamics of conflicts. Additionally, this cultural dimension leaves its imprint on the therapeutic alliance between the therapist and the client. We believe that conflicts are not mere clashes of personalities but are seen as a clash of cultural values.

Positive and Transcultural Psychotherapy incorporates elements from various psychotherapeutic methods to promote flexibility in client treatment and provide a framework that allows different approaches to collaborate effectively. The World Association for Positive and Transcultural Psychotherapy, its International Centres and its European Sub-Section European Federation of Centres for Positive Psychotherapy and its members provide services including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. The obligation of the World Association for Positive and Transcultural Psychotherapy and the European Federation of Centres for Positive Psychotherapy is to promote the theory, method and practice of Positive and Transcultural Psychotherapy and its application from the transcultural and inter-disciplinary point of view.

7. Principle of Simplicity and Universality

In our interactions, we endeavour to employ terminology and concepts from the methodology that are easily understandable to all and can be readily put into practice in everyday situations. This aids us in comprehending the requirements, conflicts, and dynamics within relationships more effectively.

8. Principle of Focus on Development

In the psychotherapeutic process and all other forms of interaction, we uphold the principle of maintaining a temporal perspective, emphasizing the significance of being mindful of both the past and the present, while also acknowledging our responsibility in developing capacities for the future.



ETHICAL GUIDELINES

Preamble

These Ethical Guidelines are binding for WAPP individual and institutional members. They are also applicable to psychotherapists, counselors, consultants, trainers, trainees, supervisors, supervisees, self-discovery leaders, training organizers, and specialists who are working in the framework of Positive Psychotherapy worldwide. In this document, they will be called “PPT Practitioners”. If there are regulations or laws in the country of residence or practice of the PPT Practitioners that contradict these Ethical Guidelines, then the national regulations have priority. But, whenever possible, every member of WAPP should follow these Guidelines.

These Ethical Guidelines promote the formation of universal ethical professional standards to develop ethical self-awareness and raise the level of ethical competence of PPT Practitioners.

PPT practitioners will not discriminate on the basis of age, disease or disability, creed, ethnic origin, gender, gender identity, nationality, political affiliation, race, sexual orientation, social standing, or any other factor.

We recognize that WAPP represents members from all over the world and we recommend that national organizations and centers base their ethical code on WAPP Ethical Guidelines and Principles and the national or local law.

In this document, the term “clients” includes “patients”, if it is applicable according to the national regulations of the country of residence of the PPT Practitioners

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Part I

1. RESPONSIBILITY TO CLIENTS

This section discusses the need for PPT Practitioners to respect the boundaries of their competence, the rules for referring clients to colleagues, the use of informed consent in therapy, the rules for keeping records and documentation and the need for PPT Practitioners to respect the boundaries of confidentiality.

1.1 Limits of Competence

The PPT Practitioners remain within the boundaries of their competence, providing services for which they are sufficiently qualified, trained, licensed and experienced.

1.1.1 Competence Development

The PPT Practitioners continually develop their professional competence by keeping up-to-date with current approaches to therapy and research on the effectiveness of therapeutic methods. The PPT Practitioners must participate in Continuous Professional Development activities according to the WAPP guidelines. (see CPD guidelines)

1.1.2 Awareness of professional limitations

If the PPT Practitioners' professional knowledge is insufficient, they should receive the necessary training and/or enlist the help of more experienced colleagues, especially through supervision. They should also respect the recommendations made by their supervisors regarding their professional limitations.

1.1.3 Self-care as a practitioner

PPT Practitioners should keep a healthy balance between their work and other aspects of life. The PPT Practitioners monitor signs of emotional, mental, and physical exhaustion and mental illness and refrain from providing services to clients in this state, realising that they risk harming their clients. The PPT Practitioners should seek professional help and, limit the number of clients or temporarily stop practising until recovery

is achieved. The PPT Practitioners give careful feedback to colleagues who may not recognize signs of exhaustion, burnout and mental illness and take into account colleagues' comments about their own emotional, mental and physical state if it may be negatively affecting the quality of their work.

1.1.4 Transcultural competence

The PPT Practitioners continually increase their level of transcultural sensitivity by focusing on how the cultural values of all participants in the therapeutic process influence attitudes toward health, mechanisms of disorders, and the therapeutic relationship.

Transcultural competence is one of the core values of Positive and Transcultural psychotherapy, so the PPT Practitioners avoid engaging in any form of discrimination based on race, ethnic origin or group, gender and sexual identity, age, sex, profession, educational level, socioeconomic status, physical ability, psychological status, cultural and political beliefs, religion, immigration status or the client's membership in minority groups.

1.1.5 Referral of clients

In cases where the PPT Practitioners' knowledge and experience are insufficient to work with a client, the PPT Practitioners should refer the client to a more experienced colleague. If it is likely that the PPT Practitioners' problems will prevent them from fully performing their professional duties, the PPT Practitioners should seek the assistance of a supervisor or participate in an intervision to determine whether they should limit, suspend or terminate the work. Referrals should be accompanied by an explanation to the client and the provision of several professionals to choose from. If the PPT Practitioners' and client's personal values do not match, the PPT Practitioners are advised not to refer the client immediately, but to recognize this as a limitation and to undergo supervision and further training in this area.

1.2 Informed consent

PPT Practitioners must explain and obtain informed consent, from their clients in the beginning of psychological counselling, psychotherapy, supervision, training and research.

Informed consent should include a description of the services provided and the rights and obligations of the parties. A mandatory part of the informed consent is a statement of the boundaries of confidentiality (see Section 1.4). In cases of online/ telephone work, the PPT Practitioners are obliged to inform, to the best of their abilities, the client about all possible limitations and risks associated with this format of work (informed consent).

1.2.1 Dealing with clients who are unable to give informed consent (e.g. learning disability, severe mental illness, etc.)

When PPT Practitioners work with people who are unable to give informed consent, this consent is made with the client's proxy.

1.2.2 Informed consent in working with children and teenagers

If the PPT Practitioners work with minors, the consent is signed by the parents or guardians (according to national law). At the same time, the PPT Practitioners must obtain the minor's verbal consent. At the first meeting, the PPT Practitioners also discuss with the family the limits of confidentiality in working with the minor, deciding together what can be told to the parents or guardians.

Practitioners are required to verify the age of consent for therapy without parental permission in accordance with the applicable national laws prior to providing services. Compliance with these legal standards is mandatory to ensure that therapy is conducted within the legal framework.

1.3 Records and Documentation

It is strongly encouraged that the PPT Practitioners documents every session, maintain records of work with the client and take steps to protect client information during and after the end of the professional relationship. The records should be kept for, at least, 5 years after



the end of the therapy/treatment. Please see the national regulation regarding maintaining records as some countries ask for 10 years. Records can be kept in writing or electronic versions. It is the PPT Practitioners' responsibility to keep client information secure even in the case of the PPT Practitioners' incapacitation (have a plan for dealing with confidential documentation).

1.3.1 Providing information to the client

The client has the right to receive all information about the therapeutic process, training, and research in writing. The client has the right to receive a copy of his/her client record. The PPT Practitioners ensure that this information is presented to the client in a way that is not harmful to the client.

1.3.2 Sharing information with third parties

The PPT Practitioners need the client's permission when asked to share information about the client with third parties (medical professionals, police, judges, insurance companies, solicitors, parents, family members, other professionals involved in the case, etc.) Practitioners must ensure that they review and adhere to the specific legal requirements of each country, recognizing that laws may vary across jurisdictions. Compliance with local legal frameworks is mandatory.

1.4 Confidentiality

Confidentiality is one of the foundations of the therapeutic, supervision, training, and research relationship. The PPT Practitioners are obliged to specify in the informed consent the norms of confidentiality and the conditions under which they may be void: situations of threat to the life and health of the client or the life and health of other people; emotional, physical, economic violence against children, incapacitated and other categories of people in a dependent situation; the need to testify in court according to the current legislation in their respective country and other instances specific to the national law.

The PPT Practitioners shall not disclose confidential, personal information concerning their clients in their writings,

lectures, media, social media or in consultation with colleagues, that can lead to client identification. Anonymization is the alteration of personal data in such a way that this data can no longer be attributed to a specific or identifiable natural person or can only be attributed with a disproportionate amount of time, money and effort. Exceptions are described in later sections.

1.4.1 Permission for recording

The making of audio and video recordings during psychotherapy is usually prohibited due to the high risk of confidentiality breaches and client exploitation. In extraordinary circumstances, recording is allowed with the client's prior written consent (e.g. specialist training for supervision, the client wants to record the session, etc).

The making of audio and video recordings during supervision, training and research must be agreed upon by all those involved in the work and confirmed by signing a consent form. All those involved in the work of supervision, training and research should be aware of how and where the recorded material is used and they can withdraw consent at any time. The recorded materials should only be used for the purposes stated in the consent form.

1.4.2 Use of clients' information in publications

If PPT Practitioners intend to use information about a client's case in their scientific and journalistic work, they must change the case beyond recognition - name, profession, age, life circumstances, specific features of appearance, speech, health status, etc. It is required that the PPT Practitioners ask the client for permission to use their case (with the anonymization). The client must be given all opportunities to refuse the use of his anonymized case. (informed consent)

1.4.3 Client information in court

If the PPT Practitioners are asked to appear in court, they are subject to the national current legislation on testifying

in court. If possible, the client should be asked for release from confidentiality.

1.4.4 Client information after the death of a client

The PPT Practitioners will maintain confidentiality after the death of a client, except as specified in informed consent or when requested by national law authorities. Please check local regulations.

1.5 In case of emergency and suicidality

The PPT Practitioners must have a list of emergency services contact details in case they need to refer the client. It is also recommended that they have at least one emergency contact for the client, such as a partner or family member. Additionally, it is helpful to request that the clients provide the address of a psychiatrist, psychiatric hospital, or general medical emergency services in their city. This ensures that these contacts can be reached immediately in case of an emergency.

1.6. Professional (Indemnity) Insurance

Wherever it is possible, PPT Practitioners should have professional liability insurance which covers his/her activities – as counsellors, psychotherapists, supervisors or trainers.

2. ASSESSMENT TECHNIQUES

In the development, publication, and utilization of psychotherapeutic or psychological assessment techniques, PPT Practitioners make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the basis for their conclusions and recommendations. PPT Practitioners make every effort to maintain the security of tests and other assessment techniques within the limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

2.1 Assessment Techniques

In using assessment techniques, PPT 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. When the explanations are to be provided by others, PPT Practitioners establish procedures for ensuring the adequacy of these explanations.

2.2 Responsibility in using tests

PPT Practitioners are responsible for the development and standardization of psychological tests and other assessment techniques by utilizing established scientific procedures and observing the relevant international, national, and institutional or organizational standards.

2.3 Reporting Assessment Results

In reporting assessment results, PPT Practitioners indicate any reservations that exist regarding the validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested. PPT Practitioners strive to ensure that the results of assessments and their interpretations are not misused by others.

2.4 Relevance of Assessment Results

PPT Practitioners recognize that assessment results may become irrelevant and do not represent a complete picture of the assessed. They make every effort to avoid and prevent the misuse of irrelevant measures or incomplete assessments.

2.5 Misuse of Psychological Assessments

PPT 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.

3. THERAPEUTIC RELATIONSHIP

This section discusses the boundaries of the therapeutic relationship and the conditions for creating, maintaining and changing it. The prohibited types of client relationships are described. The concept

of client exploitation, and the ethical issues of paying for therapy, as well as its completion, are discussed. The necessity of developing transcultural competence for building productive therapeutic relationships with different categories of clients is emphasized in point 1.1.4.

3.1 Establishing and maintaining boundaries in the therapeutic relationship

The PPT Practitioners are responsible for establishing professional boundaries and maintaining the framework of the therapeutic relationship with clients.

Professional boundaries relate to self-disclosure, length and location of sessions, physical touch, gifts, barter, activities outside the consulting room, casual encounters, social and other non-therapeutic contacts, social networking and other forms of multiple relationships.

The boundaries of the professional relationship are reflected in the **informed consent**.

3.2 Conditions for changing boundaries in the therapeutic relationship

The boundaries of professional relations in psychological counselling and psychotherapy are related to the modality of psychotherapy in which the professional practices.

If it is necessary to expand the boundaries of professional relations, the PPT Practitioners assess and take responsibility for the emerging risks in each specific situation.

3.3 Client Exploitation - Boundaries in Relationships with Clients

The PPT Practitioners avoid exploiting clients. The PPT Practitioners realize their influential position with clients (power imbalance) and avoid exploiting clients' trust and dependence in any spheres: domestic, economic, informational, emotional, sexual, etc.

3.4 Multiple relationships

Multiple relationships arise when PPT Practitioners, while having a professional relationship with a client,

also have other relationships with the client or the client's immediate environment. These relationships may be family, social, financial, business (including relationships arising in training and supervision), student or close personal relationships. Multiple relationships are those that occur before, during, and after psychological counselling and psychotherapy.

The PPT Practitioners refrain from multiple relationships in order not to expose the client to the risk of exploitation, and harm and to avoid negative consequences for the therapeutic process.

In cases where multiple relationships cannot be avoided, the PPT Practitioners clearly explain the nuances of multiple relationships to the client and set professional boundaries.

If unforeseen factors have created a potentially dangerous multiple relationship, the PPT Practitioners will take reasonable steps to resolve it in a way that is sensitive to the interests of the affected person and respects the Ethical Guidelines.

3.5 Prohibited types of relationships with the client

The PPT Practitioners maintain a high level of awareness of the harm that a client may suffer by engaging in sexual, romantic, friendship and business relations with the PPT Practitioners. Sexual, romantic, friendship and business relations with the client are possible no earlier than two years after the completion of therapy. The PPT Practitioners and the client must be sure that the therapeutic relationship is complete and will not be repeated in the future. The PPT Practitioners do not stop therapy to have sexual relations with the client. Therapy with former sexual and romantic partners is prohibited.

3.6 Payment for therapy

The PPT Practitioners strive to be honest, clear and give the client full information in matters of payment in advance and preferably in writing.

3.6.1 Setting the price for services

When setting prices for services, the PPT Practitioners can decide to charge on a sliding scale or use the same fee for all clients.



3.6.2 Pro-bono clients

It is the ethical right of the PPT Practitioners to assist pro bono or at a reduced rate for clients who cannot pay for therapy in full. The percentage of such clients is determined by the PPT Practitioners themselves.

3.6.3 Barter relations

The PPT Practitioners refrain by default from bartering with clients because such payment creates the potential for conflict, exploitation and distortion of the therapeutic relationship.

3.6.4 Non-payment for the PPT Practitioners' services.

When signing the informed consent, the PPT Practitioners clearly define the procedure for payment for services. The price, and payment for missed sessions are stipulated in the **informed consent**. If the client refuses to pay for the PPT Practitioners' services, PPT Practitioners have the right to stop therapy and redirect the client. In this case, it is important to inform the client about the consequences of non-payment. In complicated situations, it is necessary to consult a lawyer.

3.6.5 Gifts

The PPT Practitioners should not encourage gifts but may accept them from clients if the receipt of the gift does not pose a risk of exploitation of the client or harm to the therapeutic relationship. The PPT Practitioners understand the risks of receiving gifts from clients. Together with the client, the PPT Practitioners explore the meaning the client gives to the gift and its possible impact on the therapeutic relationship. The PPT Practitioners also explore their motivation in supervision/ therapy for receiving the gift. It is not recommended to accept gifts that exceed 20% of the session's cost.

However, it is acknowledged that there is a cultural aspect of bringing small gifts, and in some countries, it might be perceived as rude and negative for the therapeutic relationship when gifts are refused. In such cases, the PPT Practitioners have to use their sound judgment to differentiate between a gift out of courtesy or a gift with a hidden

intention. Supervision might be useful in such cases.

3.7 End of therapy

The PPT Practitioners end therapy collaboratively with the client when it is clear that the client no longer needs help or would be harmed by continuing therapy. (eg the therapist has reached the end of their expertise, or the client needs more specialized support)

The PPT Practitioners make every effort to complete therapy with minimal risk to the client, including a special end-of-therapy meeting.

The PPT Practitioners may terminate therapy if they feel unsafe with the client or threatened by people associated with the client.

4. RELATIONSHIPS WITH OTHER PROFESSIONALS

The section emphasizes that, where necessary, the PPT Practitioners shall cooperate with allied professionals, taking into account the competencies and responsibilities of their colleagues in psychotherapy, psychiatry, psychology, medicine and other professions. They respect the values and goals of the institutions with which their colleagues are affiliated. The PPT Practitioners strive to maintain positive, respectful relationships with colleagues.

4.1 Limits of competence with colleagues

The PPT Practitioners understand the area of competence of related professionals and utilize professional, technical, and administrative resources associated with related professionals that may serve the client's interests. The PPT Practitioners participate in decision-making related to the client and their well-being, taking into account the practices of other professional groups and seeking collaboration with them.

4.2 Parallel work with another mental health professional

If a client is concurrently receiving psychological/psychotherapeutic services from another professional, the

PPT Practitioners treat this with confidentiality. The PPT Practitioners discuss the meaning of multiple therapeutic relationships with the client to minimize risks and conflicts of interest and strive to maintain clear and coordinated relationships with the other professionals involved. The PPT Practitioners can refuse clients who are engaged in multiple identical therapeutic relationships.

PPT Practitioners will not undermine any colleague's relationship with clients by making unjustifiable or ill-judged comments. They comment on the work of colleagues with sensitivity in the spirit of mutual respect.

4.3 Responsibility for the involved specialists

When selecting colleagues for collaboration, the PPT Practitioners are guided by their competence, training, experience and common values.

4.4 Exploiting relationships with colleagues

The PPT Practitioners do not exploit their professional relationships and status with colleagues and subordinates to achieve one-sided benefits (e.g. economic, sexual, personal, etc.). The PPT Practitioners do not condone or participate in any kind of harassment (including verbal, physical and sexual harassment).

4.5 Counseling Services Provided to Colleagues

It is discouraged to provide psychological services to co-workers when there are available alternatives. See point 3.4 Multiple relationships

4.6 Reporting ethical violations

If a PPT Practitioners learn of ethical misconduct by another professional, the first place to go is direct to that professional informally and in person - and point out the unacceptable behaviour in as gentle and respectful a manner as possible. If the situation cannot be resolved informally, the PPT Practitioners inform the relevant national institutions and WAPP Head Office. After the decision of the national institution the WAPP Ethical Committee will make their own decision regarding the complaint.



4.7 Bullying Prevention

PPT Practitioners do not engage in bullying of colleagues, as this is contrary to the values of the profession. Criticism and comments should relate to the professional's actions, not to their personality, and should be expressed in a respectful form of professional discussion. It is recommended to avoid public discussions but to use professional tools (supervision, peer supervision, referral to an ethics committee) to resolve conflict situations.

5. WORKING ONLINE **(psychotherapy, training,** **supervision, self-discovery,** **assessment, research)**

This section discusses the ethical risks of the PPT Practitioners' use and its limitations of working online (therapy, training, supervision, self-discovery, assessment, and research that is mediated by electronic communication: via the Internet, telephone and videoconferencing). PPT Practitioners who engage in online work should develop knowledge and skills regarding technical, ethical, and legal considerations. The PPT Practitioners explore and monitor the possibilities of online work and do their best to maintain client, supervisee, trainee, and participant research confidentiality.

5.1 E-consultation (Telepsychotherapy)

The PPT Practitioners are aware that e-consultation has limitations on what the PPT Practitioners can work with, through electronic means of communication. When providing technology-assisted services, the PPT Practitioners make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client.

The PPT Practitioners are aware of the legislation in the country and region in which they work and reside regarding the provision of services via electronic means of communication.

5.2 Effectiveness of Services

When technology-assisted services are deemed ineffective by the PPT Practitioners or client, PPT Practitioners consider delivering services face-to-face. If the PPT Practitioners are not able to provide face-to-face services, the PPT Practitioners assist the client in identifying appropriate services.

5.3 Acknowledgment of Limitations

PPT Practitioners inform clients about the inherent limits of confidentiality when using technology. They urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the technology-assisted services. PPT Practitioners consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect online work. PPT Practitioners educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

5.4 Access

PPT Practitioners provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

5.5 Informed consent in e-consultation

Both the PPT Practitioners and the client have to agree on e-consultation. If the client chooses electronic consultation, the PPT Practitioners shall provide to the best of their ability an **informed consent** including additional points specific to this type of work (risks of engaging in online work and breach of confidentiality, the possibility of technology failure and alternate methods of service delivery, time zone differences; cultural and/or language differences that may affect the delivery of services, possible denial of insurance benefits).

The practitioner can refuse e-consultation if they feel that face-to-face sessions are necessary.

5.6 Clients identification in the virtual space

The PPT Practitioners are advised to take all legal measures to establish the identity and age of the client in the virtual space, as long as this is safe for the client (for example through the informed consent document), either according to the national law legislation or these Guidelines.

In cases where visual identification is not possible, verification can include but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

5.6.1. In case of emergency and suicidality

The PPT Practitioners must have a list of emergency services contact details in case they need to refer the client. It is also recommended that they have at least one emergency contact for the client, such as a partner or family member. Additionally, it is helpful to request that the clients provide the address of a psychiatrist, psychiatric hospital, or general medical emergency services in their city. This ensures that these contacts can be reached immediately in case of an emergency.

5.7 Client rights

PPT Practitioners who offer online services and/or maintain a professional website should provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

5.8 Electronic Links

PPT Practitioners regularly ensure that the provided electronic links are working and are professionally appropriate.

6. SOCIAL RESPONSIBILITY, **ONLINE PRESENCE AND** **ADVERTISING**

This section clarifies the positioning and behaviour of the PPT Practitioners in social networks, media and other public spaces. The PPT Practitioners recognize the impact of their statements made from



a professional position and their possible consequences for individuals and society and the reputation of the profession as a whole.

6.1 Social Media Behavior

The PPT Practitioners separate personal and professional websites and profiles and are aware of the risks of disclosing personal information to the client, supervisee, trainee, or research participant.

The PPT Practitioners assume that confidentiality and anonymity on the Internet are not guaranteed. This means that materials published by the PPT Practitioners may become public at any time.

The PPT Practitioners respect the autonomy of their clients, supervisees, trainees, and research participants and do not violate their boundaries. It is not recommended to visit the clients, supervisees, trainees, and research participants' profiles on social networks.

The PPT Practitioners will not disclose confidential information about clients, supervisees, trainees, or research participants in the media.

6.1.1. Online information about the PPT Practitioner

It is recommended that information about PPT Practitioners' contact details, education, certification, memberships, licence, and affiliations be readily accessible for clients, trainees, supervisees, and research participants. (e.g. WAPP website, personal website, registering bodies website, etc.)

6.2 "Friends" in social networks

The PPT Practitioners are aware that clients, supervisees, trainees, and research participants may treat "friendships" on social networks as real friendships and should behave while keeping in mind professional boundaries.

6.3 Professional responsibility for public statements

PPT Practitioners who make public statements about their professional

activities are professionally responsible for these statements.

PPT Practitioners shall not make false statements about their practice, research, competence, degrees, credentials, affiliations, services, fees, publications or research results.

PPT Practitioners in their professional decisions, as well as in the situations of public professional speeches, rely on relevant scientific knowledge and research in Positive Psychotherapy and other scientifically recognized methods of psychotherapy.

6.4 Promoting personal opinions

When Positive Psychotherapy (PPT) practitioners present themselves as experts in the method and advocate for religious, esoteric, transpersonal, or spiritual practices and beliefs, these should be regarded as personal opinions, unrelated to their professional role. Such views should be shared only on their personal accounts.

6.5. Using the image of a PPT professional as a specialist in advertising other goods and services.

The PPT Practitioners should not consent to the use of their image as a specialist in advertising companies of any goods and services, except for advertisement of their counselling/psychotherapeutic/training /supervision/ research activity (for example, to use the image of a psychotherapist as a specialist in advertising of some bank services).

6.6 Using the place of work to find clients

If PPT Practitioners are engaged in other professional activities in addition to therapy, training, and supervision they should be aware of how they use their place of employment and the authority of the organization to advertise and attract new clients and avoid double relationships

6.7 Ethical advertising of their services

All advertising material and all written and oral information should accurately reflect the nature of the services offered and the PPT Practitioners' training, qualifications and relevant experience with the client, supervisee, trainee,

research participant or groups of clients, supervisees, trainees, research participants to whom services are offered. PPT Practitioners should refrain from making exaggerated or unverifiable claims about the effectiveness of the methods used and from advertising that may create unrealistic expectations.

Organisers of PPT Training should follow these guidelines even if they are not members of WAPP.

6.8 Restrictions on promotion of services

The PPT Practitioners should not exploit their relationship (coercion) with current or former clients, students, supervisees and research participants by promoting their products, training or other services.

6.9 Use of client feedback

The PPT Practitioners shall not ask for feedback for advertising purposes from current or former clients, supervisees, trainees, research participants or any other person who may be under their influence (professional relationship). The feedback should only be used to improve the offered services.

7. RESPONSIBILITY TOWARDS WAPP

This chapter describes the responsibility and the relationship of the members towards the World Association for Positive and Transcultural Psychotherapy.

7.1 The PPT Practitioners should act in a way which upholds the profession's reputation and promotes public confidence in the Association, the profession and its members, including outside of their professional life.

7.2 The PPT Practitioners should maintain an awareness of, and comply with, all legal and professional obligations of the country they are practicing in the country of their clients and WAPP policies which apply to their practice.

7.3 The PPT Practitioners should ensure that they are familiar with and understand WAPP's published bylaws and guidance. (eg. Training Guidelines)



7.4 The PPT Practitioners should challenge unethical practices in themselves or others. See point 4.6

7.5 The PPT Practitioners should cooperate with any lawful investigation or inquiry relating to all parts of their professional practice. Inform WAPP and any relevant organizational member if they are:

- a. charged with a criminal offence;
- b. convicted of a criminal and administrative offence, receive a conditional discharge for an offence, or accept a police caution related to putting lives in danger;
- c. disciplined by any professional body or membership organization responsible for regulating or licensing a health or social care profession in the country they are practising; or
- d. suspended or placed under a practice restriction by an employer or similar organization because of concerns relating to their competence, health or practice of psychotherapy, clinical supervision or professional training.

All this information is treated with the greatest confidentiality by WAPP.

7.6 The PPT Practitioners should be members in good standing (pay for their WAPP membership when it is due).

7.7 The PPT Practitioners should participate in General Assembly meetings and vote when appropriate.

8. TRAINING IN COUNSELLING AND PSYCHOTHERAPY

This section discusses the ethical aspects of teaching and evaluating the candidate's (psychotherapist-in-training) work, the boundaries of the relationship with students, the particularities of confidentiality in teaching, educational self-discovery, and the unacceptability of discriminatory practices.

8.1 PPT Practitioners's Responsibility

In the process of student learning, the PPT Practitioners are responsible for their

actions within the framework of professional training and experience, for providing timely and complete information related to the learning process, as well as for respectful and anti-discriminatory behaviour in working with students.

8.1.1 Respect for the student's identity

When interacting with students, the PPT Practitioners shall respect the personal dignity, human rights and freedoms proclaimed and guaranteed by the [Universal Declaration of Human Rights](#).

The PPT Practitioners shall treat students with equal respect regardless of their age, gender, gender identity, sexual orientation, nationality, culture, ethnicity, race, religion, language, socio-economic status and physical abilities.

8.1.2 Communication about training

The PPT Practitioners inform students about the WAPP training standards and provide information about the form of training (theory, self-discovery, individual and group supervision), possible effects and risks, and psychological safety measures in the learning process.

The practitioner should encourage participants to go to the WAPP website and online information and to contact directly the Head Office if questions arise.

8.1.3 Professional competence

The PPT trainer and supervisor are responsible for maintaining their level of competence, the accuracy and relevance of the material offered, and the ethics of its presentation.

8.2 Confidentiality of students' data

Personal information obtained by the PPT Practitioners from a student in the course of professional activities shall not be used for the benefit of the PPT Practitioners or third parties.

It is recommended that **informed consent** is signed when oral, printed,

audio-visual and any other form of publication of cases for illustrative, educational or scientific purposes are used. The PPT Practitioners will inform the students about the boundaries around confidentiality related to the training group (sharing personal information, posting on social media about the training, etc.).

8.3 Boundaries in Relationships with Students

The PPT Practitioners recognize the responsibility to respect the boundaries of professional interaction with students.

8.3.1 Risks of Exploitation

The PPT Practitioners are aware of their potential influence on students and recognize the risks of abuse of authority by avoiding emotional, material, sexual or other forms of exploitation of students.

8.3.2 Multiple Relationships with Students

The PPT Practitioners are aware of the power imbalance and refrain from having multiple relationships with students and learners (e. g. teaching a course and concurrently providing personal therapy to a student, friendship and business relationships with students) that may complicate the learning process.

8.3.3 Types of Prohibited Relationships

Sexual and romantic relationships with persons with whom the PPT Practitioners have a professional relationship (therapy, research, teaching, supervision) are prohibited.

8.3.4 Relationships after Graduation

The PPT Practitioners recognize that the influence of their authority on the student continues after the student has completed training and makes an effort not to use their authority.

8.4 Assessment of candidate's suitability

The PPT Practitioners are aware of their responsibility for professional actions, statements and recommendations arising from their professional role. Any action taken by PPT Practitioners



concerning a student must be consistent with their professional competence.

The PPT Practitioners are impartial and unbiased towards the student. The PPT Practitioners are aware that possible overlaps in related contexts (e.g. participation in the same trainer's study groups in other organizations) may have an impact on their assessment of the student and take this into account.

The PPT Practitioners should be able to explain their decisions and actions to the student in an accessible way.

PPT Practitioners ensure that statements in catalogues and course outlines are accurate and not misleading, particularly in terms of the subject matter to be covered, the bases for evaluating progress, and the nature of course experiences.

PPT Practitioners shall uphold the principles of respect for the uniqueness of each candidate and are committed to avoiding any discrimination. The objective is to train professionals who are capable of practicing safely, in full adherence to ethical and professional standards. It is deemed unethical to encourage participation in the training course or to certify participants of the Basic Course or Master Course who do not meet the established criteria outlined in the document "[Criteria for Interviewing Future Students of PPT](#)." Practitioners are strongly advised to recommend that trainees attend personal therapy and engage in self-care prior to continuing their training.

The team of trainers can end the professional relationship with the trainee if they feel that the candidate is not suitable for becoming a consultant or psychotherapist, might cause harm to future clients or themselves or is not fulfilling ethical expectations. This means that the self-discovery leader and the supervisor can share key information with the team of trainers about course participants if they have serious concerns about their suitability to become a Basic Consultant or Positive Psychotherapist.

8.5 Role and responsibility of the Training Organisers (Training standards)

The Training Organiser understands that they represent the centre/ trainer, WAPP

and EAP in the country they are advertising/ organising the course. The Training Organiser should read, understand and follow WAPP Training Standards, Ethical Guidelines and Principles even if they are not members of WAPP.

The Training Organiser is aware of the power imbalance and refrains from having multiple relationships with course participants, this may complicate the learning process.

Training Organisers give correct information about what psychotherapy/ counselling is according to national professional standards, the qualifications the participants gain after the training (diploma, certificate) and the recognition of this at national and international levels and the entry requirements for the Basic Course or Master Course (membership, previous education and qualifications).

Conflicts between the Training Organiser and Trainer should be handled and resolved privately to prevent interference with the training process. If private resolution is not possible, seeking assistance from a neutral group of professionals such as other trainers or psychotherapists is advised. This group can facilitate discussions between the Training Organiser and Trainer in a confidential setting.

Training Organisers don't undermine any colleague's relationship with clients/ trainees by making unjustifiable or ill-judged comments. They comment on the work of PPT colleagues with sensitivity in the spirit of mutual respect.

WAPP recommends that the roles of the Training Organiser and the Main Trainers be held by different PPT Practitioners. If this is not possible as there are not sufficient PPT Practitioners in the country then the Main Trainers should be aware of the complexity of multiple relationships.

WAPP is against a centre or a PPT Practitioner monopolising an area or city and recommends cooperation and mutual respect.

8.6 Responsibility for the Profession

The PPT Practitioners should participate in Continuous Professional

Development activities according to the WAPP guidelines. (see CPD guidelines).

9. ETHICAL ASPECTS OF CLINICAL AND EDUCATIONAL SUPERVISION

This section examines the relationship between supervisor and supervisee, taking into account the risks of exploitation, the responsibilities of the supervisor, and the documentation and education required to conduct supervision. The need for basic ethical principles in working with the supervisee is emphasized.

9.1 Competence of the Supervisor (training, certification)

The supervisor should have appropriate theoretical and practical training, and should know about the main models of supervision and the stages of development of the consultant. The supervisor shall constantly improve their qualifications by participating in training programs, raising the level of their competence.

9.2 Confidentiality

The supervisor respects confidentiality in working with the supervisee, including being aware of the limitations and risks of online supervision. In some cases, confidentiality could be breached (for details see 5.6)

9.3 Client Welfare

The supervisor is aware that they are part of the therapist-client-supervisor triad and understands that they are responsible for the supervisee's actions, in accordance with the national laws. It is the supervisor's responsibility to ensure that the supervisee's work conforms to national professional and ethical standards. This is especially important in countries where the clinical supervisor has full legal responsibility for the treatment and is legally liable. In these cases, the supervisor must be able to rely fully on the information and insights shared by the supervisee (please see point 9.7).



9.4 Supervision relationships

The supervisor shall make every effort to maintain a professional relationship with the supervisee, clearly communicating the boundaries of that relationship.

In cases where the relationship between the supervisor and the supervisee changes, the supervisor is obliged to ensure that the supervisee is not exploited or harmed. It is also the supervisor's responsibility to maintain objectivity in assessing the supervisee and, if there is a risk that objectivity may be impaired, to make every effort to clarify the boundaries of the relationship. The supervisor must remember that the supervisee is dependent on the supervisor and it is the supervisor's responsibility to build psychological and physical boundaries in their relationship. The supervisor must not insult, show aggression, or humiliate the supervisee, either privately or publicly, through negative evaluations.

9.4.1 Prohibited relationships

Sexual and romantic relationships between supervisor and supervisee during the supervision period are prohibited, both physically and virtually (e.g., romantic emails and online sexual communication).

The supervisor is prohibited from providing supervisory services to people for whom they cannot be objective.

9.4.2 Prohibition of Supervisee's Therapy by Supervisor

The supervisor is prohibited from providing psychotherapy to the supervisee. If the supervisee seeks psychotherapeutic help from the supervisor, the supervisor recommends that the supervisee finds a psychotherapist.

9.5 Informed Consent for Supervision

The supervisor provides the supervisee with an **informed consent** in which they describe their qualifications, working methods, the benefits and risks of supervision for the supervisee, and the limitations of confidentiality. The informed consent discusses the type of supervision (face-to-face, online, individual, group, etc.) and the aim of supervision (clinical, ECP accreditation, educational)

9.5.1 Premature termination of supervisory relationships

If the supervisor and supervisee find it necessary to end the relationship earlier than the dates discussed at the beginning of the work, they discuss the differences that have arisen and the supervisor can refer the supervisee, by recommending contacts of potential supervisors. In countries where by law the supervisor has legal responsibility for the client's treatment, the supervisor can end the supervision, if the supervisee does not follow their recommendations and so the client is put in danger. The supervisor has to report this termination to the responsible institutions (clinic, centre, national professional associations, WAPP etc), which will take action according to internal regulations.

9.6 Assessing the supervisee's professional suitability

The supervisor makes an objective assessment of the supervisee's professional suitability and tries to find a balance between supporting the strong points and helping to overcome their limitations, using the 5-step model of PPT. The supervisor should help the supervisee identify their professional limitations and help them work within these limits.

In some cases, the supervisee can ask for recommendation letters from the supervisor. The supervisor must provide an honest opinion about the supervisee's professional ability.

The supervisor has the right to inform the professional bodies where the supervisee is a member, of any breaches in ethical and professional standards.

The supervisor is responsible for documenting each supervision session.

9.7 Obligations and rights of supervising candidates (trainees/course participants)

PPT candidates in counselling and psychotherapy training programs provide counselling and psychotherapy services only with ongoing supervision. The recommended regularity of a student's request for supervision

averages at least 1 hour of supervision per 4 sessions of work with clients.

The PPT candidate chooses a supervisor based on their financial ability and the WAPP training standards. In some cases, the student may be assigned a supervisor in a training program.

The PPT candidate as well as the supervisor have the right to end their working relationship in the event of an irresolvable disagreement.

The PPT candidate must inform clients of their status and that client information will be discussed with the supervisor. The PPT candidate must get permission from clients to discuss information about them with the supervisor in an individual and/or group format, informing clients how, for how long, and how information about the client will be stored.

The supervisee takes responsibility for the volume and correctness of the information about the case. In case of an emergency (e.g. suicidality), the supervisor and supervisee must agree, preferably in writing, before the start of supervision what the procedure will be in such cases and how the supervisor should be contacted and informed (please check national laws about specific procedures).

9.8 Responsibility for the Profession

The PPT Supervisor must participate in Continuous Professional Development activities according to the WAPP guidelines. (see CPD guidelines).

10. RESEARCH AND PUBLICATIONS

This section discusses publication and research practices in psychology, psychotherapy, psychological counselling, supervision and training.

10.1 Responsibility of the PPT Researcher to the Respondents

The PPT Researcher has a responsibility to respondents to provide full information about the research, to avoid harm in the process and outcome of the research, and to conduct the research at a high level of quality, following international and



national scientific standards and adhering to the relevant laws and regulations of the respective country.

The PPT Researcher shall not misrepresent or conceal information from the respondent before or during the research unless it is determined that the misrepresentation or concealment is justified by the significant scientific, educational, or applied value of the research and that no harm will result to the research participant.

The PPT Researcher will explain any withholding or misrepresentation of research information that is integral to the conduct of the research as soon as possible, preferably after the participant's involvement, but no later than after data collection.

10.2 Informed Consent in Publication and Research

Before conducting the research, the PPT Researcher is obliged to obtain written confirmation from the respondents about their consent to the collection and processing of relevant information, and the possibility of publicizing the results of the research in scientific and other publications based on the information obtained.

In case of participation of adults in the research, the informed consent shall be signed by them independently. Parents or their authorized representatives sign for minors.

Vulnerable groups, including those who may lack full capacity to provide independent consent (e.g., individuals with certain disabilities), may require additional forms of consent from legally authorized representatives or guardians. Consent procedures should be adapted to ensure comprehension and voluntary participation, such as simplified explanations and additional support as necessary. Where written consent is impractical or culturally inappropriate, such as with verbal consent from minors who are capable of understanding the research, a proxy consent form should be used. Verbal consent procedures must be clearly documented, and, where possible, witnessed to ensure transparency and adherence to ethical standards.

Informed consent may not be required for fully anonymous questionnaires or

archival research for which disclosure of responses does not jeopardize the participants' criminal or civil liability and/or harm their financial status, employment opportunities, or reputation, and confidentiality is protected.

The informed consent must be obtained and retained in accordance with all applicable national laws and regulations governing data protection and record-keeping.

Participants have the right to withdraw from the study at any time without facing negative consequences. Additionally, participants are encouraged to ask questions at any point during the research to clarify any concerns they may have.

10.3 Confidentiality of Respondent Data

All respondent data obtained during research is strictly confidential and may only be used for the purposes and under the conditions specified in the informed consent.

The PPT Researcher who receives confidential information is obliged to create conditions for its full protection and data safety, to prevent its disclosure, and to protect the confidentiality of the data leakage and access by third parties. In addition, confidential information should not be transmitted through unsecured channels or stored on public computers. The researcher must comply with all applicable national laws and regulations regarding the confidentiality and protection of respondent data

10.4 Participation of students and colleagues in research

When involving respondents who are in a subordinate position to the PPT Researcher (students from the same or related programs, their staff or subordinates), the PPT Researcher is aware of the likely unequal distribution of power (inability to refuse) and takes steps to protect potential participants from the adverse consequences of refusing to participate - in particular, it should not affect the evaluation of

student's achievements, the career of staff members, etc.

When participation in research is a course requirement or an opportunity to earn extra credit (credit hours), the potential participant shall be allowed to choose fair alternative activities.

10.5 Client Participation in Research

PPT Researchers should not conduct research with their clients in a way that puts them at risk of exploitation and inability to refuse to participate in the research. Participation will be conducted in accordance with ethical standards.

10.6 Obligations to respondents after completion of data collection

The PPT Researcher shall provide participants with an opportunity to be informed about the nature, results and conclusions of the research and shall take reasonable steps to correct any misconceptions that participants may have.

If scientific or humane values justify withholding this information, the PPT Researcher shall take reasonable steps to reduce the risk of harm.

If the PPT Researcher learns that research procedures have caused harm to a participant, the PPT Researcher will take steps to minimize the harm.

10.7 Communication of research findings

The form and timing of communication of research results to participants is specified in the informed consent. The results will be presented to participants in a language they can understand and interpret unambiguously.

10.8 Publication in scientific journals and other publications

When publishing the results of research in scientific journals and other publications, the PPT Researcher is responsible for their relevance, scientific novelty, objectivity and validity of conclusions. The PPT Researcher does not fabricate data.

If the PPT Researcher discovers significant errors in their published data, they take steps to correct such errors. PPT Researchers accept responsibility for the



selection of their research topics and the methods used in investigation, analysis, and reporting. They plan their research in ways that minimize the possibility of their findings being misleading. They provide a thorough discussion of the limitations of their data, especially when their work touches on social policy or might be construed to the detriment of persons of specific age, sex, ethnicity, socioeconomic, or other social groups.

10.9 Plagiarism and self-plagiarism

The PPT Researcher does not plagiarize or self-plagiarize (partial or full use of previously published work by themselves or others).

The PPT Researcher does not republish previously published data unless it is accompanied by a new analysis, or he/she states this clearly in the new publication.

10.10 Evaluating the contribution of PPT Researcher in collaborations

The PPT Researcher honestly identifies the part of the work they have done. The PPT Researcher accurately reflects the contributions of those involved in the research or work, regardless of their status. Minor contributions to research or publications are acknowledged appropriately, e.g. in footnotes, acknowledgements or in the introduction.

10.11 Interaction with other researchers

Once the results of the research have been published, the PPT Researcher will not destroy the data from which the conclusions have been drawn and will take possible steps to enable other competent professionals to verify the results through reanalysis. This can be done while protecting the confidentiality of the participants.

PPT Researchers who request data from other professionals may only use the shared data for the stated purpose of replicating the study. PPT Researchers have the right to request written consent from other professionals for all other uses of the data.

10.12 Use of AI in scientific research.

The use of AI in scientific research must adhere to the highest ethical standards. PPT Researchers are required to ensure that AI systems are designed and deployed in a manner that is transparent, fair, and accountable. AI should be used to complement, not replace, human judgment, and any decisions derived from AI models must be subject to human oversight. All data processed through AI must be anonymized to protect privacy, and the use of AI must comply with the relevant and applicable law in the country the PPT researcher conducts its research.

PPT Researchers utilizing AI in scientific research bear full responsibility for the ethical and appropriate use of these technologies. They are accountable for ensuring that AI systems are accurate, reliable, and free from bias. PPT Researchers must take reasonable steps to prevent any harm that could arise from the misuse or malfunction of AI systems, including unintended outcomes or biases in data analysis. In cases where AI contributes to errors, privacy breaches, or other ethical violations, the researcher will be held liable and subject to the applicable legal and professional consequences.

Decisions of the Ethics Committee are advisory, strictly confidential and non-discriminatory and must be justified and communicated clearly and comprehensively.

11.2 Election of the WAPP Ethics Committee.

11.2.1 Grounds for the formation of the ethics committee

The Ethics Committee shall be formed following the values of WAPP. The members of the Ethics Committee shall be suggested by the Executive Board and elected by the General Assembly Requirements for members of the Ethics Committee:

- no sitting member of the WAPP Executive Board.
- in good standing
- full WAPP membership as a positive psychotherapist

The diversity of WAPP should be reflected in the membership of the Ethics Committee (age, nationality, gender, etc). The Ethics Committee comprises 25 members, from which a subset of 5 members is randomly chosen to form an Ethics Commission responsible for actively handling a particular case. We aim to circumvent hierarchical structures in decision-making processes. With a diverse pool of 25 members, the Ethics Committee brings together a broad spectrum of transcultural experiences, facilitating a supportive and constructive perspective. We prioritize preventing conflicts of interest and bias, while also distributing the workload evenly among members, such as allowing for multiple Ethics Commissions to concurrently address separate cases.

In special cases when expertise from other professional areas is needed, the Executive Board can invite specialists outside of WAPP from different professions to support the work of the Ethics Commission. (lawyers, therapists from other approaches, medical doctors, researchers, etc.) without approval of the General Assembly.

11.2.2 Conflict of interest

Five Ethics Commission members who do not have a conflict of interest must be present when the ethics committee reviews cases of colleagues who have

Part II

11. ETHICS COMMITTEE

The section deals with the formation, work and decisions of the WAPP Ethics Committee.

11.1 Terms of Reference of the WAPP Ethics Committee

The purpose of the Ethics Committee is to support each member of the professional community.

The immediate function of Ethics Committee members is to review cases within the community presented by colleagues, clients, the Board, other institutions or training organizers.

Members of the Ethics Committee are aware of the limits of their authority and refrain from making independent assessments of their colleagues.



multiple relationships with involved individuals.

11.3 Formal resolution of the situation

If an informal resolution of a conflict is impossible or unsuccessful, the PPT Practitioners should contact the national ethics committee of the national professional society to which the colleague who violated the ethical principles belongs. Failure of the latter to cooperate with the national ethics committee or organization is itself a violation of ethics. At the same time, the PPT Practitioners will inform the WAPP Head Office (Ethics Committee Assistant) about the case. See point 4.6

If the complaint was not considered at the national level a clear explanation needs to be given for the direct appeal to WAPP. If the reason is not justifiable then the complaint will be sent to the national organisation.

Appeals to the ethics committee must be supported by facts and cannot be anonymous.

Appeals to the Ethics Committee shall not be grounds for discrimination against colleagues, both those complained about and those from whom the complaint is made. Every appeal must be considered.

11.4 Processing Complaints: From Submission to Resolution

The complaint is forwarded to the WAPP Head Office, which then directs it to the Ethics Committee Assistant. The Assistant notifies both parties involved, collects all relevant information, and randomly chooses 5 Ethics Committee members to form the Ethics Commission responsible for addressing the case. The Commission convenes (online, in-person or hybrid), deliberates on a resolution, and communicates it to the Ethics Committee Assistant, who informs the board about the complaint and the proposed solution. The Executive Board makes the ultimate decision, and both the complainant and the subject of the complaint are informed accordingly.



WORLD ASSOCIATION
FOR POSITIVE AND TRANSCULTURAL
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