

CODES OF ETHICS AND PRACTICE FOR PRACTITIONERS

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CODES OF ETHICS AND PRACTICE FOR PRACTITIONERS

This Code of Ethics and Practice and Complaints Procedure pertains to all members of APP but is superseded by the Codes of Ethics and Practice of a Practitioners Professional Body.

Introduction

The Association for Psychospiritual Practitioners (APP) is the Institute's internal professional membership body.

This document contains the standards of ethics, practice and conduct which The Association for Psychospiritual Practitioners (APP) expects of all practitioners, including students, and must be followed whatever the modality of practice and whether the practitioner meets clients in person, online or otherwise.

The term 'practitioner' refers to an individual APP member who practises the following modalities:

- Counselling
- Psychotherapeutic Counselling
- Psychotherapy
- Coaching

For the purposes of this document the term 'therapy' shall be used to refer to the practice of Counselling, Psychotherapeutic Counselling, Psychotherapy, or Coaching.

Should a concern arise about a practitioner's practice for those not a member of a professional body (such as UKCP), it is against these standards that it will be judged under the Grievances and Complaints Procedures for Practitioners.

CODE OF ETHICS FOR PRACTITIONERS

Practitioners should respect the dignity and worth of each human being and each person's right to self-determination, whilst having regard for the interests of others. They accept a responsibility to encourage and support the self-development of the client, within the client's network of relationships. Practitioners should respect their clients as individuals working towards autonomy and thus growing in their ability to make decisions and changes in the light of their own beliefs, values and experience.

1 Professional Responsibility

- 1.1 Practitioners have a responsibility to be aware of their own issues of prejudice and stereotyping, and particularly to consider ways in which this may be affecting the supervisory relationship. Discussion of this is part of the supervision process. They need to be alert to any prejudices and assumptions that counsellors reveal in their work with clients and to raise awareness of these so that the needs of clients may be met with more sensitivity. One purpose of supervision is to enable supervisees to recognise and value difference. Supervisors have a responsibility to challenge the appropriateness of the work of a supervisee whose own belief system interferes with the acceptance of clients.
- 1.2 The client's interest is paramount and, where there is a conflict of responsibilities, the practitioner should seek advice from their supervisor(s) when possible and use their considered judgement.
- 1.3 Practitioners must not misrepresent themselves in terms of their professional qualifications, experience, training status or membership of the Institute when presenting themselves as practitioners.
- 1.4 Practitioners should recognise the training, practice, differences and experience of other professionals and act with integrity and respect towards them.
- 1.5 Practitioners shall state clearly to their clients and prospective clients their terms, conditions and methods of practice. Practitioners shall endeavour to ensure that these terms, conditions and methods are maintained, or say clearly why alterations must be made.
- 1.6 Practitioners should not work with under-18s unless they have satisfactorily completed the requirements of reputable child training. In this case their child work should be practiced under the Codes of Ethics and Practice of their Child Therapy training organisation.

- 1.7 Practitioners are responsible for setting and monitoring the boundaries of the working relationship between themselves and their clients, and for the making the boundaries as explicit as possible to their client.
- 1.8 Engaging in sexual activity with a client whilst also engaging in a therapeutic relationship is unethical. The Institute reserves the right to suspend a practitioner's permission to practice in the case of a violation of these safeguards.

2 Professional Competence

- 2.1 Practitioners who are in doubt about their ability to perform competently should seek appropriate supervision and any other advice or support deemed appropriate. They are expected to be able to account to their supervisors and to their clients for what they do and why.
- 2.2 Practitioners have a responsibility to monitor the limits of their competence. Where those limits are reached, they should seek supervision and may need to refer a client/clients on to another practitioner more able to help. Where practitioners have become, through whatever means, unable to work effectively, they should withdraw from work until such time as they are able to work effectively again. These decisions should be taken by the practitioner in consultation with their supervisors and personal psychotherapist as necessary.
- 2.3 Practitioners should continually be working to extend the range of their own skills and to become clearer all the time concerning their own limitations. It is part of their professional responsibility to seek information and advice from supervisors and to refer clients on to other therapists if that would be of benefit to the client.
- 2.4 Practitioners should from time to time discuss the overall progress of therapeutic work with their clients and if reasonable progress is not being made in the therapy, has an obligation to inform the client accordingly and to suggest termination or a change of therapist, leaving the ultimate decision for this in the hands of the client. The ability to recognise that one is not the right therapist for a particular client is one sign of professional competence.
- 2.5 Should a change of therapist be necessary, the practitioner should endeavour to safeguard the client's welfare until such time as a referral to another practitioner has been accepted.

3 Confidentiality

- 3.1 Confidentiality is intrinsic to good practice. Confidential information includes not only the identity and personal details of the client, but any data which could lead a third party to infer the identity of the client.
- 3.2 Material about clients shall be secure and conform to the requirements of the General Data Protection Regulation (GDPR) 2018 and any subsequent revisions.
- 3.3 Practitioners are required to familiarise themselves with, and keep up to date with, legislation which may limit confidentiality, and inform clients of these limits.
- 3.4 Clients shall have access to their records as required by current legislation, and these should be available to clients on request.
- 3.5 The principle underlying the practice of confidentiality extends to, for example, not discussing clients with involved colleagues in a manner which trivialises the client or the work.
- 3.6 Practitioners explore with clients their own and their clients' expectations about confidentiality. They also ascertain if any other agencies are involved with their clients and confer as appropriate with such agencies, under guidance from supervisors. Except in extreme circumstances, such conference takes place only with the client's agreement.
- 3.7 Contact by the practitioner with third parties such as the clients GP should happen only with the express knowledge of the client. Exceptions may be made in certain circumstances e.g. in the management of clients who are deemed dangerous to themselves or others, or in an emergency.
- 3.8 Where a practitioner wishes to use specific information gained during work with a client in, for example, a lecture or a publication, the client's permission should be sought and, when desired, anonymity given. This applies to all material for example that recorded by electronic means such as audio-recording.
- 3.9 Exceptions to any confidentiality agreements may be made in certain circumstances e.g. where there is a court order.

4 Exploitation

- 4.1 The relationship between a practitioner and their client is obviously fundamental to therapy. Practitioners need to recognise the power and influence which the practice of therapy gives to them and the likelihood of their being recipients of numerous projections. They should not permit their professional skills to be used in such a way as to manipulate their clients to the benefit of themselves, other people or organisations.
- 4.2 Practitioners must not exploit their clients in financial, sexual, emotional or any other way.
- 4.3 Practitioners should be aware of current fee levels and should set their fees according to their professional competence, experience and qualifications.
- 4.4 Practitioners work with clients to terminate therapy when the client has received the help they sought or when it is apparent that therapy is no longer helping them.
- 4.5 If a client is not benefiting from the therapy, the practitioner should terminate the relationship after effectively working through the reasons for termination.

5 Respect for Medical Conditions

- 5.1 It is standard practice to ascertain at the beginning of therapy the name of the client's GP and any other professionals who are involved in the client's treatment. Where there is an adjunct medical aspect to the client's condition, the practitioner should encourage the client to seek additional appropriate advice from his or her general practitioner or some other suitable qualified professional person.
- 5.2 With the client's agreement, it may be desirable to notify the client's medical practitioner that the client is in therapy. Where the client is receiving medical treatment relating to emotional or psychological conditions, it is necessary that the client's GP or other practitioners prescribing treatment are informed.

6 Social and Ethical Responsibility

- 6.1 Practitioners have an ethical obligation not to accept privately as clients those who are in relationship with other agencies, organisations or institutions without prior notice or agreement with that agency.
- 6.2 Where the client has been referred to a practitioner, it is normal practice and courtesy to report back in general terms to the referring agent or practitioner, without breaching confidentiality or going into significant detail regarding the client's subsequent progress.
- 6.3 Similarly, if practitioners refer clients to others, it is their responsibility, as far as possible, to verify the competence and integrity of the person to whom clients are referred.
- 6.4 Practitioners should be aware of the social, moral, and legal expectations of the community in which they work and respect cultural aspects regarding their clients and colleagues.
- 6.5 Practitioners should not practice under the influence of alcohol or mind-altering drugs. Practitioners who are undergoing treatment for chemical dependency disorders should not withhold this information from their colleagues and should withdraw from practising until such time as those professionals by whom they are being treated deem it appropriate for them to continue practising.

7 Legal Proceedings

- 7.1 A practitioner who is convicted in the Court of Law for any criminal offence, or who is the subject of successful Civil Action by a client shall report the facts to the Institute of Psychosynthesis.

CODE OF PRACTICE FOR PRACTITIONERS

1 Boundaries Around the Work

- 1.1 Practitioners shall observe such professional boundaries to prevent them placing themselves in a position that might compromise their relationship with clients, colleagues or other professionals. They are responsible for setting and monitoring these and for making explicit such boundaries to the client.
- 1.2 A practitioner should endeavour to provide the safest possible working space, unencumbered by personal issues and ensure a secure environment for the providing of therapy.
- 1.3 If the practitioner is working out of their own home, a suitable work setting needs to be defined for these purposes. Practitioners are advised to have a separate telephone number with an answer phone for their practice. Clients should be encouraged not to infringe personal boundaries outside session time.
- 1.4 During and after therapy, discretion should be exercised with regard to social contacts with the client. In settings where the nature of the work allows practitioners to mix socially with their clients, the practitioner must ensure that such social contacts do not jeopardise the professional relationship.

2 Issues of Confidentiality

- 2.1 Practitioners should treat with proper respect colleagues and other professionals and if privileged information comes their way through interaction with their clients, they may have to raise this issue with their colleague or with their colleague's professional body without seeking the client's permission.

3 Conflict of Loyalty

- 3.1 If it emerges during the course of the work that there arises a conflict of interest which impinges on work with a client, it is expected that the practitioner make such a conflict explicit to the client.
- 3.2 Practitioners who become aware of a conflict of interest will make explicit the nature of the loyalties and responsibilities involved.
- 3.3 Where the relationship with a client becomes compromised in any way, the practitioner has a clear responsibility to ensure that the client is appropriately referred to another professional.

4 The Nature of Therapy

- 4.1 All information that is shared during the therapy session is coloured by the client's own viewpoint. Therapists need to be aware that they are building images in their own minds about other people mentioned by the client who do not have recourse to or sight of the information that is being shared. Therapists need therefore to hold others outside of the sanctuary of the session space with due regard and respect.
- 4.2 Transference and countertransference issues always arise during the process of therapy. Practitioners need to be aware of the immense influence this has, not only on their clients' psyches, but also on their own. Provision for on-going supervision and recourse to feedback from colleagues and other professionals need to be part of the practitioner's professional life in order to be vigilant to this.
- 4.3 Practitioners are part of a professional community of peers and colleagues where gossip, innuendo and derogatory comments about other members of the community, or practitioners of another branch of psychotherapy, are inappropriate and to be avoided.

5 Indemnity Insurance

- 5.1 Practitioners must take out a professional indemnity insurance to cover themselves in the event of a legal suit and to ensure that they are adequately covered in the event of other claims that might be made against the practitioner or the owners of the premises in which the practitioner works.

6 Professional Will Arrangements and Therapeutic Executor

- 6.1 Practitioners should make sure that arrangements are in place for a sudden, long term or permanent absence from work, so that client's needs can be provided for. Practitioner will need to arrange to have a therapeutic executor who will notify their clients of their absence should they have an accident or emergency and not be able to communicate with their clients themselves.

7 Advertising

- 7.1 When announcing their services, practitioners limit information to details of the service they offer, practical details and the relevant qualifications. They do not make evaluative statements as to the quality of their service nor do they make comparisons with other similar services offered by colleagues or competitors.
- 7.2 Practitioners do not display membership or affiliation of the Institute or any other organisation in a manner which falsely implies the sponsorship or validation of the organisation.

ADDITIONAL CODES OF ETHICS AND PRACTICE FOR STUDENT PRACTITIONERS

These guidelines apply to students who have a clinical practice whilst still in training with the Institute in addition to those laid out for practitioners. In the case of any concerns or dispute, it is incumbent on students to follow the complaints procedures as laid down by the Institute.

1 Confidentiality

- 1.1 Students need to respect the training environment where they are in a privileged relationship to intimate details of fellow students lives. To share any information gained in that environment outside the group in which the information is shared is considered a breach of ethics around confidentiality.
- 1.2 Students need to respect the integrity and credibility of the Institute within which they are training, including attempting to honour inevitable personal differences in perspective, and work towards maintaining Right Relations while holding difference. In the case of any concerns or dispute, it is incumbent on students to follow the grievances and complaints procedures as laid down by the Institute which includes recourse to an External Moderator if appropriate.

2 Advertising

- 2.1 Students should refrain from advertising their services until cleared through Institute assessment processes to begin a training practice. Once the student has received the relevant permissions and has completed the required preliminaries to practice (such as purchasing professional indemnity insurance) it is permitted to advertise, within clearly defined boundaries that the practitioner is 'in training and under supervision at the Institute of Psychosynthesis' and avoiding any inappropriate or potentially misleading claims by the student.
- 2.2 Students should not otherwise use the name of the Institute to support their services until professional qualification is reached and accreditation is approved.

3 Contract and Indemnity Insurance

- 3.1 The Institute contracts with each student towards the completion of their training, this involves on-going supervision, and guidance of which students must avail themselves of in order for their training contract to remain in force and for supervision credits to be counted towards final qualification.
- 3.2 If the student takes a break from their training, their contract becomes void.
- 3.3 The Institute is a full Member of the United Kingdom Council for Psychotherapy, and is committed to standards of excellence and adheres to criteria for membership of that body. This may mean changes in the training programme and the Institute reserves the right to make those changes during a student's contract for training.
- 3.4 Once students contract with clients for work, they must take out their own professional indemnity insurance.
- 3.5 The Institute is responsible for that part of a student's practice presented at supervision and for the quality of its training, but cannot be held responsible for what the student practitioner does in relation to their clients. All aspects of a student's training, therefore, should be openly discussed with the student's supervisor and course tutor. If the student acts with any other agency without prior knowledge and agreement of the Institute, the Institute cannot hold itself responsible for the consequences of the student's work.
- 3.6 The practitioner undertakes to set out clearly a contract with the client after their initial consultation but before beginning therapy. If in private practice, this contract must clearly state the terms of fees charged, the duration of each session, the methods of payment, any system of induction and review, procedures for cancellation and termination, payment or otherwise for missed sessions, and practical arrangements which support the integrity of their work. It must also inform the client if the practitioner's status is that of a trainee and in supervision, the Code of Ethics and Practice to which they adhere, and how the client may obtain a copy of them.

3.7 Engaging in sexual activity with any ex-client, no matter the duration or nature of the therapy, is forbidden. The Institute reserves the right to suspend a practitioner's permission to practice in the case of a violation of these safeguards.

4 Compliance

4.1 Students are required to comply with the conditions for clinical training which are laid out in detail in the Student Handbook.

5 Registration

5.1 On qualification, graduates will be registered as having trained with the Institute. The Institute reserves the right to remove a graduate's name from the register if Codes of Ethics and Practice are not adhered to.