Draft Revision of IACP Code of Ethics from the IACP Ethics' Committee for Review by IACP Membership, November 2015

Revised Introduction to Code of Ethics & Practice

This code of ethics is designed to serve us in the interests of our profession. It seeks to protect our clients and ourselves. It offers us a moral compass to guide our work and serves to protect our professional standing.

Counselling and Psychotherapy are professional, relational activities involving IACP members (hereafter called IACP practitioners) and their clients. The IACP practitioner offers an impartial, professional helping relationship which respects the client's autonomy and personal values.

IACP practitioners recognise the importance of confidentiality in establishing such a relationship. Counselling and psychotherapy are formal activities involving an agreed contract. To maintain their effectiveness, IACP practitioners must review their work regularly with a supervisor, and continuously monitor and develop their practice.

In joining the Association, IACP members agree to fully comply with the provisions of the Code of Ethics and Practice in relation to their work as Counsellors and Psychotherapists. In so doing, they agree, as IACP practitioners, to behave in an ethical manner in accordance with the code of ethics and practice. Practitioners are required to constantly examine ethical aspects of their work. In situations where eth ical decisions are complex, and when different ethical principles and values come int o conflict, the best decision comes from a systematic and critical consideration of the issue.

Like all citizens, IACP practitioners are subject to the Law, and their practice must conform to the law. The IACP code of ethics and practice adheres to the law of the land in so far as these laws are in line with natural justice.

The code of Ethics and practice for counsellors and psychotherapists provides a guiding framework, and an agreed commitment to best ethical practice and accountability. Its underpinning principles include:

Autonomy: Respect for the autonomy and freedom of choice of each client and each practitioner

Beneficence: A commitment to the welfare and well-being of each client.

Non- Maleficence: A duty to avoid harm to any client.

Justice: An adherence to justice, honesty and fairness in the treatment of each client

<u>Care</u>: The professional care of clients and colleagues, and an obligation to practitioner self-care

These five principles inform and shape the core values of

- > Respect for the rights and dignity of the client
- Professional responsibility
- Competence
- Integrity

1. Respect for the Rights and Dignity of the Client

Practitioners honour and promote the fundamental rights, dignity and worth of clients. They respect clients' rights to privacy, confidentiality, self-determination a nd autonomy, in so far as these are consistent with the practitioner's other professional obligations, and with the law.

More specifically, practitioners shall:

- **1.1** General Respect
- **1.1.1** Have sensible regard for clients' beliefs and values. (Strive to foster the health, safety, integrity, well-being and rights of others)
- **1.1.2** Not allow their service to clients to be diminished by factors such as age, class, culture, disability, education, ethnicity, gender, party politics, race, sexual orientation, or social standing.
- **1.1.3** Work in ways which promote clients' personal autonomy, freedom of choice and self-direction

1.2. Privacy and Confidentiality

- **1.2.1** Ensure that the setting for sessions is appropriately private
- **1.2.2.** Treat in confidence information about clients, whether obtained directly or in directly or by inference. Such information includes any details of the client's life and circumstances which might make the client identifiable to others
- **1.2.3** Ensure that information which may lead to the identification of clients is not transmitted through overlapping networks of confidential relationships
- **1.2.4** Comply with any legal requirements concerning their work and where necessary inform clients of the legal responsibilities in so far as it may affect them. Practitioners have a responsibility to inform their clients in relation to the limits of confidentiality, including statutory reporting with regards to child protection issues. Practitioners discuss the limits of confidentiality with the client at the time of initial contracting

- 1.2.5 Break confidentiality only where required by law, or where there are grounds for believing that clients will cause harm to themselves or others. Where feasi ble practitioners shall endeavour to obtain the client's consent, where the clie nt is able to give that consent. Practitioners engage in a process of consultation (with their supervisor, local duty social worker, experienced colleague) in ad vance of any such disclosure. At all times practitioners take responsibility to a process of action that ensures the safety of those at risk. Within this process, practitioners minimise any breach of confidentiality by conveying only that information which is necessary and only to relevant persons
- **1.2.6** Inform the client about the implications for confidentiality in relation to clinical supervision
- **1.2.7** Reveal only that information about clients which is relevant in supervision and consultation with clients
- **1.2.8** Store, handle, transfer and dispose of all records including written electronic audio and video in a way that safeguards the client's right to privacy
- 1.1.8. Inform the client of the length of time records are held
- **1.1.9.** Acknowledge and respect clients rights to access notes and records
- 1.3. Informed Consent and Freedom of Consent.
- **1.3.1** Ensure that the client consents to participate at all stages and respect the client's right to discontinue at any time
- **1.3.2** Provide reasonable opportunity during the course of the therapeutic relationship for review of the terms on which the service is being offered
- **1.3.3** Not normally act on behalf of their clients. If they do, they shall ensure that the consent is obtained in advance to any proposed action
- **1.3.4** Where the client is concurrently engaged in another professional helping relationship, obtain the client's permission before conferring with the other professional if such conferring is necessary in the interests of the client
- **1.3.5** When requested to provide reports to third parties on behalf of a client. Practi tioners must first obtain the permission of their client and the report must be accurate and honest. On request the client must be supplied with a copy of

the report

- **1.3.6** Obtain client's consent before making audio or video recordings of sessions, making him or her aware of the purpose, storage and disposal of same.
- **1.3.7** Obtain in advance client's consent to attendance at sessions by third parties
- **1.3.8** Ensure that identities are carefully disguised and obtain appropriate consent when publishing research or case studies concerning clients or supervisees.
- 1.3.9 Written permission from both parents /legal guardians should be obtained by practitioners before commencing therapy with a minor. If it is not possible to obtain written permission from both parents / legal guardians then written permission must be obtained from at least one parent / guardian prior to the commencement of therapy

2. Professional Responsibility

Practitioners have a responsibility to know, understand and abide by the IACP code of ethics and practice. They are aware of their professional responsibilities, and at all times take action to fulfil these responsibilities.

More specifically, practitioners shall

- **2.1.** Professional and Ethical Awareness
- **2.1.1** Accept the requirement to understand and work within the provisions of this code of ethics and practice, as a practitioner member of IACP
- **2.1.2** Accept the requirement to maintain continuing professional development and regular ongoing supervision
- 2.1.3 Accept the requirement to keep their skills and knowledge up to date with best practice.
- **2.1.4** Accept the requirement to be aware of applicable legal, ethical, professional and organizational standards and practices

2.2 Self Care

2.2.1 Take responsibility to protect and monitor their own physical, emotional, mental and psychological well-being at a level that enables them to work

effectively with their clients

- 2.2.2 Take responsibility for their own well-being as essential to sustaining good practice by engaging in active self-care.
 This includes:
 - A. Taking precautions to protect their own physical safety
 - B. Monitoring their own psychological and physical health
 - C. Seeking professional support and services as the need arises
 - D. Keeping a healthy balance between work and other aspects of life
- **2.2.3** Monitor themselves for signs of impairment from their own physical, mental, or emotional problems. Practitioners refrain from offering or providing profes sional services when their functioning is impaired due to personal or emotional difficulties including illness, bereavement, trauma, alcohol or drug misuse or dependency, or any other excessive stress.
- 2.2.4 Take responsibility to seek appropriate professional assistance for problems that reach the level of professional impairment, Practitioners also take responsibility to inform and consult with their supervisor in relation to such iss ues, and when necessary, for the safety of their clients, and their own well-being, limit, suspend or terminate their professional responsibilities until it is determined with their supervisor that they may safely resume their work
- **2.2.5** Assist colleagues or supervisors in recognizing their own professional impairment
- **2.2.6** Provide consultation and assistance when warranted with colleagues showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.
- 2.3 Appropriate therapeutic relationships with clients
- **2.3.1** Take responsibility for the setting and monitoring of appropriate, boundaries within the practitioner/client relationship, making these explicit to the client
- 2.3.2 Take responsibility for making a clear contract with the client to include issues such as availability, fees and cancelled appointments. Practitioners ensure that the contract is agreed before work commences. Any subsequent

- revisions of the contract shall be agreed with the client before they take effect
- **2.3.3** Take responsibility to be aware of the power differential in their work with clients and take care not to exploit or abuse their power
- 2.3.4 Take responsibility not to exploit their clients financially or engage with their clients sexually or in any other inappropriately exploitative manner.
 Practitioners must be aware of their own needs and must not use their clients to fulfil those needs
- 2.4 Record Keeping & Continuity of Care.
- **2.4.1** Maintain and safely store records appropriately
- **2.4.2**. Take responsibility to securely dispose of records 7 years after the termination of therapy
- **2.4.3** In the event of a practitioner needing to discontinue services, give reasonable notice when possible, and ensure continuity of care where possible
- **2.4.4** Refer clients to other appropriately qualified practitioners or to other professionals when it is appropriate to do so
- 2.4.5 Make suitable arrangements for the responsible care of clients and the management of records in the event of the practitioner's ill-health, retirement and termination of practice. Practitioners need to have in place a procedure t hat would protect their clients in the event of their death while still practicing or a sudden illness which would prevent them from practicing.

2.5 Relationships with other professionals

- **2.5.1** Take responsibility to behave in professional activities in such a way as not to undermine public confidence in the profession
- **2.5.2** Take responsibility for the honest and accurate representation of their services provided, experience and qualifications.
- **2.5.3** Comply with statutory law, finance and tax regulations.

- **2.5.4** Exercise appropriate respect towards colleagues.
- **2.5.5** Respect different orientations and schools of therapy
- **2.5.6** Foster good inter-disciplinary relationships with other professionals when in the service of their clients

3. COMPETENCE

Practitioners strive to ensure and maintain high standards of competence in their work. They take responsibility to be aware of the limits of their own compet ency and to recognize the boundaries of their competence and limitations to their expertise.

More specifically, Practitioners shall:

3.1 Competence and education

- **3.1.1** Be competent to deliver the services being offered and carry out only those professional activities for which they have established their competence to practice
- **3.1.2** Have completed a recognized training and achieved a level of competence before commencing practice. When providing services, practitioners use techniques/procedures/modalities that are grounded in research and theory. They practice only within the boundaries of their competence, based on their education, training and supervised professional experience
- **3.13** Not use techniques/procedures/ modalities when substantial evidence suggests harm, even if such services are requested
- **3.1.4** Practice in speciality areas new to them only after appropriate education, training, and supervised experience. While developing skills in the new speciality areas, counsellors take steps to ensure the competence of their work and protect others from possible harm
- **3.1.5** Avoid engaging or continuing in therapeutic relationships if lacking the competence to be of professional assistance to clients It is an indication of the competence of practitioners that they recognise their lack of training or experience to work with a client and make appropriate referrals

- **3.1.6** Continually monitor their effectiveness as professionals and take steps to im prove where necessary. Practitioners engage in adequate clinical supervision and consultative support to evaluate and ensure their efficacy. The volume of supervision should be in proportion to the volume of therapeutic work undertaken, as required by the IACP membership guidelines
- **3.1.7** Recognise that it is unethical for practitioners to practice without regular clinical supervision

3.2 On-line Competency

- **3.2.1** Adhere to the ethical principles and values set out in this code of ethics whether working online, electronically, face to face or using any other methods of communication, in delivering services to a professional standard
- **3.2.2** Be aware of potential risks and take precautions to protect and safeguard the online therapeutic process
- **3.3.3** Complete specialist training with regards to developing the skills necessary for the use and implications of such electronic encounters is required
- **3.2.4** Develop the necessary skills and knowledge with regards to the technical, ethical, and legal considerations when engaging in distance therapeutic encounters using on line technology, and/or social media

4. Integrity

As professionals Practitioners must accept the importance in behaving with Integrity in all professional activities and in so doing are honest, fair and respectful to others

More specifically, practitioners shall:

- **4.1.** Honesty and Accuracy
- **4.1.1** Ensure that they accurately represent their education, training, experience and Association membership status in all spoken, written or printed communications

4.1.2 Not offer clients a false or unreasonable expectation of therapy. When advertising, avoid misrepresentation or exaggeration about therapeutic competencies and services offered. Practitioners must ensure that any additional studies that they undertake are professionally recognised and that they complete a comprehensive course in same before claiming expertise in that field

4.2 Conflict of Interests and Exploitation

- **4.2.1** Be acutely aware of the power dynamics of the practitioner/client relationship and shall not exploit clients in any way
- **4.2.2** Be aware of existing power imbalances in engaging with a former client in any other societal relationship after a therapeutic relationship conclusion. It is recommended that practitioners refrain from engaging with former clients in any intimate relationship for a period of at least 2 years after the conclusion of the therapeutic relationship
- **4.2.3** Understand the problematic nature of dual relationships (for example, with st udents, business associates, employees or clients), and recognise that it is not always possible to avoid them (e.g. when offering services in a small community, or engaging in training). Where possible, practitioners avoid such relationships; where it is not; take appropriate steps to safeguard the interests of those involved
- **4.2.4** Where possible avoid conflicts of interest that may affect the relationship with the client, and where it is not possible, shall make these conflicts of interest explicit to the client
- **4.2.5** Seek supervision and /or consultative support on all issues relating to conflict of interests

4.3 Resolving Dilemmas

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- **4.3.1** Use critically reflective procedures and resources of support, particularly supervision, in making ethical decisions and resolving ethical dilemmas
- **4.3.2** Take an active role in resolving conflicts of interest between themselves and third parties where there are implications for the client.
- **4.3.3** Be accountable for, and be ready to explain the premise underpinning their thinking and decision making in addressing such dilemmas.

4.4 Breaches of Code of Ethics and Practice

- **4.4.1** Take responsibility to work within the guidelines of this code of ethics and practice. When breaches of the code occur, the following procedures might follow:
 - A. Address privately with a colleague if that colleague appears to be engaging in a breach of the code of ethics
 - B. Address and process such breaches with your supervisor with a view to a resolution
 - C. Breaches may be brought confidentially and without malice to the attention of the IACP complaints committee

IACP ETHICS COMMITTEE