



Code of Ethics and Practice

Code of Ethics and Practice

1. Introductory Statement.

1.1. Before being accepted as an accredited member or a student taking clients under supervision, all psychotherapists are required to state that they will adhere to the Code of Ethics and Practice.

1.2. Accredited members and students are expected to approach their work with the aim of resolving suffering and promoting the well-being of their clients. They should endeavour to use their abilities and skills to their clients' best advantage without prejudice and with due recognition of the value and dignity of every human being.

1.3. Therapists and tutors should be responsible for ensuring that their practice does not embody any form of alienism. It is unethical to reject an application for therapy or training or membership on the grounds of race, gender, sexual orientation, disability, age, class or religion.

1.4. All psychotherapists and students are also subject to the United Kingdom Council for Psychotherapy guidelines and procedures and also those of the Psychoanalytic and Psychodynamic Psychotherapy Section of which CAPP is a member.

2.1. Code of Ethics.

2.2. Qualifications

Psychotherapists shall not claim to possess qualifications skills or training they do not have and should take all reasonable steps to ensure that their qualifications, training, capabilities and views are not misrepresented by others, and to correct such misrepresentations.

2.3. Terms, conditions and methods of practice

Psychotherapists shall state clearly to the client or where appropriate to the parent or legal guardian, the terms, conditions and methods of practice. The psychotherapist shall endeavour to ensure that these terms, conditions and methods are maintained or say clearly why alterations must be made. With the client's agreement it may be desirable to notify the client's general practitioner that the client is in therapy.

2.4. Confidentiality.

A client's communications must at all times be regarded as confidential and if disclosure is necessary for legal reasons, the client should normally be informed. Therapists have a duty to clarify the limits of confidentiality with which they are operating so that, when necessary, these limits can be discussed with clients. Where the client is a child procedures must be in accordance with the Children Act 1989 and any subsequent revisions.

Clients shall have access to their psychotherapist's records as required by current legislation; assessments, letters to referrers and summaries of therapeutic work made by health professionals should be available to clients on request. Material about clients held in computer files shall be secure and conform to the requirements of the Data Protection Act 1986 and any subsequent revisions.

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2.4. Confidentiality (cont)

The only circumstances where information may be passed on without a client's consent are:

- a) to comply with the requirements of law,
- b) in exceptional circumstances, where it is judged that the safety of the client, or anyone threatened by the client's behaviour, e.g. danger of child abuse, warrants disclosure to an appropriate third party;
- c) where the involvement of the Centre or similar body is needed (e.g. when a complaint has been made).

Confidentiality specifically includes.

- d) not revealing to any third party the existence of the therapeutic relationship except in appropriate circumstances such as therapist supervision and practice administration.
- e) refraining from discussing clients with anyone not governed by a similar code of confidentiality.
- f) discussing clients in professional situations only with a serious purpose, revealing as few specifically identifying characteristics as possible, and with due regard to the risk of disclosure to inappropriate persons.
- g) taking all reasonable steps to ensure that records and personal notes relating to clients which are in the psychotherapist's possession are kept confidential and destroyed when no longer relevant to therapy.

2.5. Professional Relationship with Clients

- (a) 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 psychotherapists to mix socially with the clients the psychotherapist must ensure that such relationships remain professional.
- (b) Contact by the psychotherapist with third parties such as relatives or friends of the client should happen only with the express knowledge and consent of the client. Exceptions may be made in certain circumstances e.g. therapy with minors and in the management of clients who are dangerous to themselves or others.
- (c) Psychotherapists must always act according to their professional judgement, in the client's best interests. Therapists are responsible for maintaining appropriate boundaries to the therapeutic relationship, and for making these boundaries explicit to clients.

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2.5. Professional Relationships With Clients (cont)

(d) Care must be exercised by therapists not to abuse the therapist-client relationship financially, socially, sexually or in any other way. This requirement applies equally after the termination of the therapy and attention is drawn to the inappropriateness of therapists seeking to meet their own needs in relationships with ex-clients.

(e) Where a practitioner is in doubt about her or his ability to perform competently as a psychotherapist appropriate advice should be sought.

(f) Psychotherapists have a responsibility to engage in regular supervision to address issues relating to their effective work as a therapist, including the ethical aspects. It is a condition of membership that reflection on your clinical work with colleague(s) is ongoing.

2.6. Professional Relationships with Colleagues.

(a) A psychotherapist should not normally accept into treatment a self-referred client currently in treatment with a colleague without that colleague's knowledge.

(b) Where a psychotherapist believes that a colleague's conduct may be unprofessional the psychotherapist should discuss the matter with the colleague concerned. Where it seems appropriate to share the concern in confidence the appropriate senior colleague of the Centre should be contacted in the first instance. Where there is significant evidence of a colleague's unprofessional conduct there is a duty to inform the Centre's Ethics Committee.

(c) Complaints about the ethical conduct of a member should follow CAPP's complaints procedure - see below.

2.7. Research.

Psychotherapists are required to clarify with clients the nature, purpose and conditions of any research in which clients are to be involved and to ensure that informed and verifiable consent is given before commencement. The Clinical Training Committee, the Ethics Committee and the Executive must be informed and permission given before any research on clients takes place.

2.8. Publication.

Presentation of case material for teaching and allied purposes should be made only to professionals operating under a similar code of confidentiality and must be done in such a way as to protect the identity of the client(s). Case material for publication should only be submitted to recognised and reputable publications. The identity of clients must be protected in such

writing and any substantial use of case material from a person should only be used with their permission. Such permission should only be sought if the therapist is convinced that this will not be detrimental to the therapeutic process, ongoing or complete. It is unethical to record work with clients by electronic means such as audio or video-recording.

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2.9. Practitioner Competence

Psychotherapists are required to maintain their ability to work competently by having ongoing supervision and or consultations with colleagues and ensuring that they are updated professionally through attending postgraduate level courses and seminars. See also 2.6 on colleagues.

2.10. Indemnity Insurance

Psychotherapists are required to hold appropriate professional indemnity insurance in respect of their professional work, whether organised by CAPP or elsewhere with the approval of CAPP.

2.11. Detrimental Behaviour

Psychotherapists are required to refrain from any behaviour that may be detrimental to the profession, to colleagues or to trainees.

(a) Psychotherapists shall understand that serious professional misconduct may lead to the removal from accredited membership.

(b) Any accredited psychotherapist or psychotherapist applying for accreditation shall, within what the Centre is allowed to require in law, inform the Centre of any of the following and supply any further relevant information which the Centre may request:

- ◆ conviction of a criminal offence;
- ◆ civil proceedings in law started in connection with any professional matter;
- ◆ subject to disciplinary proceedings by any other professional body

(c) Resignation before or during a complaints procedure will not be accepted.

(d) Third party complaints are not accepted by the Centre.

2.12. Advertising

Any advertising must be limited to a statement of name and address and telephone number, qualifications and type of therapy offered; in particular comparisons should not be made nor personal qualities claimed. Advertising and use of the media should not in any way call into disrepute either the profession or the Centre.

The name of CAPP may not be used in advertising for potential clients unless written permission is obtained from the Clinical Training Committee.

2.13. Gifts

The acceptance of small gifts is not unethical but their significance and meaning will need to be addressed within the therapeutic relationship.

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3.1 Code of Practice.

Introduction

A code of practice defines, in some measure, the quality of therapy to be provided by the Centre and thereby the quality of its members. The code states what may be expected of its members, both by the Centre itself and also by those outside it. Thus, whilst setting standards on the one hand, it also limits expectations on the other.

Further, an agreed code of practice means that the members practice in a way acceptable to their peers in the Centre. Failure to do so carries consequences. It also seeks to guide therapists so that they may avoid practising in a way which the Centre considers to be damaging, not only to the client (and maybe to the therapist) but also to the Centre itself.

The Code of Practice

CAPP is an organisation committed to the development of Attachment-based Psychoanalytic Psychotherapy.

Attachment-based Psychoanalytic Psychotherapy is a method of therapy which retains the constructive disciplines of classical therapy while extending it to place emphasis on the central importance of facilitating mourning in the therapeutic process.

The recovery of trauma, acknowledging and understanding the effects of abuse (whether emotional, sexual or physical) and abandonment upon the development of the true self, the inner child, and their consequences upon a person's adult development and attachment relationships become an important part of the therapy. Through helping the unconscious to become conscious, the therapist while acting as an advocate for a person's true self and the inner child, can provide recognition for the hurt child within the adult and encourage the necessary complex processes of mourning. John Bowlby's work pioneered our understanding of mourning as nature's repair cycle for psychic pain.

We see therapy as a co-operative and joint venture between therapist and client. The goal in the end is to facilitate the development of a solid sense of self and consequent healthy adult functioning.

We belong to the relational tradition in Psychoanalysis which emphasises the internal and external relationships between the therapist and the client, and past and present relationships to others. We do not adhere to older traditions of neutrality nor to drive theory (which Freud had doubts about as early as 1926; we follow Bowlby in adapting modern biological, ethological and evolutionary systems theories.)

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The Code of Practice (cont)

The process that evolves in our approach is the establishment of a secure attachment relationship, particularly between the inner child of the person and the therapist. Our approach is best stated by Bowlby (Secure Base, 1988: Page 138-139). This can be summarised as six therapeutic tasks.

1. Provide a secure base from which the person can explore emotional experiences of the past and the present.
2. Assist the person to explore current relationships with significant figures and the unconscious repetitions that may be reoccurring.
3. Explore the particular relationship between the person and the therapist (transference and counter-transference).
4. Become aware of the effect of childhood and adult experiences on current feelings.
5. Explore the nature of 'governing images and models' that arose from early experience and how they can be changed in the present and future.
6. Facilitate the process of mourning

We are very concerned with the emotional dynamics of relationships and the contribution made by the unconscious and pre-verbal experience. Many of the people attracted to work with us have been emotionally, physically or sexual abused in addition to being abandoned and invariably need to explore very early life. Regression work in a safe setting is therefore important.

We work with transference, counter-transference and dreams as well as any attachment relations in present and past experience. Repetitions in such relationships are often a key clue in the recovery of childhood traumas.

We are concerned to facilitate 'nature's cure' in our clients, which we take to be the mourning cycle as developed by Bowlby. Translations (otherwise known as interpretations) are aimed to help the self-analysis of the person and help an understanding of the inner and outer worlds and their relationships to each other. We find that the contained freedom of regular sessions along with free association and the holding and containing (in the Bion/Winnicottian sense) is the major facilitating factor in our work. Our settings and boundaries are conventional, generally using the 50 minute hour for two or more sessions a week, during which free association and translation is essential.

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3.2 Membership of the Centre

Psychotherapy is not a solitary activity and membership of the Centre is to be regarded as an essential part of a therapeutic practice. The reason for being a member of the Centre is to acquire a licence to practice which rests essentially on two factors. (a) Successful completion of the CAPP's training programme, and (b) continuing identification and involvement with the standards and the professional concerns of CAPP. This includes continuing in supervision or consultation with colleagues about clinical work. These in addition to currently paid up fees are the minimum requirements.

3.3 Practice as an Attachment-based Psychoanalytic Psychotherapist

Requirements for Practice

- a) Therapists will have acquired a sound grounding in theory and practice during their training and will have shown this in their Portfolio.
- b) During training all work with clients will have been under supervision according to the course requirements.
- c) Therapists are responsible for the part played in the therapy by the dynamics of their own personality and for this purpose will have been in extensive personal therapy at least during and as part of their training. The therapy must be with an internal or external Training Therapist approved by the Clinical Training Committee
- d) It is not sufficient for the therapist to have received training; competence should be developed and maintained during the whole course of the professional practice and is a condition of Registration.

Therapists should therefore endeavour to improve their practice by, for example:

1. peer contact
2. consultation and supervision as appropriate
3. attending scientific meetings, conferences and seminars and the like, according to the individual's needs and capacities
4. having further therapy than the minimum required by training, as the need arises; recognising the responsibility to themselves and their clients for maintaining their own ability to work

5. take regular rest period, withdraw for longer period if necessary, or stop working altogether if the therapist's ability to function effectively is seriously in doubt. All therapists should make arrangements for medical or psychiatric consultation when the need arises.

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3.4 Management of work

1. Work with clients should be clearly and professionally managed. This means that therapists need to

(a) reflect frequently on their case work, to examine their working assumptions and to monitor their own involvement with the client.

(b) ensure that the working environment is continuously and consciously preserved.

2. Many clients are unaware of what type of help they want. For this reason the therapist should:

I. be aware of their own particular approach to therapy and how this corresponds to the clients expectations and needs;

II. be clear and open about management of fees, cancellations, holidays and emergencies, as well as about training and qualifications;

III. allow time for the prospective client to ask questions, making it clear that the first interview is exploratory on both sides, giving an opportunity for the client not to continue without any feelings of obligation. Should the therapist decide not to continue, every effort, within reason, should be made to help the client in seeking more appropriate help.

3. Therapists should continually review their work with each client, asking themselves whether any change in practice is indicated, always bearing in mind the need to work towards a responsible ending of the relationship.

4. The therapist is responsible for providing and maintaining the structure of the relationship and in particular in maintaining its boundaries.

Thus:

I. the therapist should not undertake to work with a relative, friend, colleague or anyone else with whom she is likely to have dealings outside the therapeutic relationship;

II. boundaries of time and place should be observed and adequate notice should be given of any proposed changes in these;

III. the relationship between the therapist and the client will be limited to the therapeutic relationship for the duration of their work together. The initiation or acceptance of a sexual, social or business relationship (other than the therapeutic contract) with the client is unethical.

5. Therapists should do all in their power to ensure that the sessions are free from outside interference .

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3.4. Management of work (cont)

6. Therapists should take account of the limitations of their competence and make an appropriate referral when necessary. It should be the therapist's responsibility to verify the competence and integrity of the person to whom a client is referred.

7. Insurance cover is a condition of membership

3.5 Confidentiality (see also the Code of Ethics)

1. Confidentiality is essential to the therapeutic relationship and is part of the professional agreement between the therapist and client. It is recognised that conflicts of loyalty may arise, but the first obligation of the therapist is to the client. However, where a conflict does arise, the therapist should make explicit the nature of the conflict and may, after discussion with the client, inform all parties of the loyalties and responsibilities involved.

2. In general:

i. The only person to whom the therapist may speak freely about their clients is their supervisor and their therapist.

ii. Case notes should be kept in such a fashion that the client cannot be identified.

iii. Further details are in the Code of Ethics

3.6 Advertising and use of the media (see 2.12 in Code of Ethics)

3.7 Procedures to follow in the event of a serious breach of the Code of Ethics

And Practice : See our current complaints procedure.

Some Notes for advice only.

Withholding information about a crime which one knows has been committed or is about to be committed is not an offence, save exceptionally. Anyone hearing of terrorist activities should immediately take legal advice.

There is no legal obligation to answer a solicitor's enquiry or to make a statement for the purpose of legal proceedings, unless ordered to do so by the court.

There is no legal obligation to attend court at the request of parties involved in a case or at the request of their lawyers until a witness

summons or subpoena is issued to require attendance to answer questions or produce documents-

Once in the witness box there is a duty to answer questions when instructed to do so

by the court. Refusal to answer could be punished as contempt of court unless there are legal grounds for not doing so. (it has been held that communications between counsellor and client during an attempt at reconciliation in matrimonial cases are privileged and thus do not require disclosure unless the client waives this privilege. This does not seem to apply to other kinds of cases).

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Some Notes for advice only. (cont)

The police have powers to seize confidential files if they have obtained a warrant from a circuit judge. Obstructing the police from taking them in these circumstances may be an offence.

Therapists should seek legal advice and or contact the Centre if they are in any doubt about their legal rights and obligations before acting in ways which conflict with their agreement with their clients who are directly affected.