

ETHICAL GUIDELINES AND CODE OF PRACTICE

Introduction

All IHTAN members commit to adhere to the Ethical Guidelines and Code of Practice which is designed to clarify and expand upon the philosophy embodied in the IHTAN Ethical Principles.

The statements aim to establish our ethical position in regard to standards of practice and behaviour and have been devised in the best interest of clients, the general public, and fellow members of the Association. For practitioners, it provides a supportive framework for professional conduct as well as a means for discussing ethical issues and identifying unethical behaviour.

We have chosen to define our ethical position in terms of:

A Individual Therapy

B Group Therapy

C Training Relationships

D Supervision

E Professional Responsibility and Conduct

F Research and Publications

A. INDIVIDUAL THERAPY

Contract

1. The contract defines the nature and format of the relationship for both member and client and the terms and conditions of practice should be clearly stated, preferably in a written form, at the onset of the therapeutic relationship.
2. Members are required to disclose their qualifications and not claim, or imply, training, qualifications or experience they do not have.
3. Contracts with clients are explicit with regard to fees, payment schedule, holidays, cancellation of sessions by client or therapist, and session frequency. The likely length of therapy, the methods of practice to be utilised, referral and termination processes are discussed openly and specifically with clients at the onset of the professional relationship.
4. Members are required to inform clients about their right to exercise freedom of choice in regard to their participation in therapeutic interventions suggested by the psychotherapist.

5. A clear agreement should be obtained when alterations to the contract are made in the course of the therapeutic relationship.

Confidentiality

6. Members have a primary obligation to preserve confidentiality and protect sensitive and personally identifiable information obtained from persons in the course of their work as therapists from unauthorised disclosure. Clients are informed, when appropriate or on request, that there may be legal limits on the extent of confidentiality and the circumstances under which it might be broken to specific third parties. Consent to reveal information to others would normally be obtained (in writing, if necessary) from the person concerned.

7. Disclosure of confidential information may be authorised by client request or consent (or the person's legal representative) or required by due process of the law such as an order of the court or by statutory instrument. It is recommended that Members seek the advice of the Ethics Committee and/or a solicitor when required by law to disclose information. Disclosure may also be required when clients pose a substantial risk of causing serious harm to themselves or others. Any disclosure should be undertaken in ways that best protect the client's trust.

8. If the member breaches confidentiality, the client is informed immediately.

9. Clients' records kept by the Member must be stored (and disposed of) in an appropriate and secure way and should be in a form that can be read by the client on request by giving three days prior notice.

11. It is good practice to avoid identifying specific clients, unless there are sound reasons for doing so, during supervision and other consultations to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.

12. Therapy with clients under legal age requires careful consideration of issues concerning the management of confidences disclosed by clients and their capacity to give consent to receiving services independently of someone with parental responsibilities. All concerned parties need to be fully informed about any particular agreement on confidentiality.

Professional competence

13. Members are required to maintain their ability to perform competently and to take the necessary steps to do so. Their practice environment needs to be appropriate to the services offered and conducive to the safety and privacy of clients and therapist.
14. Members are in receipt of regular supervision appropriate to their experience, client load and field of work.
15. Members are required to ensure that their professional work is adequately covered by appropriate indemnity insurance.
16. Members recognise the boundaries and limitations of their techniques and their own personal expertise. They only provide service and use techniques for which they are qualified by training and experience. They take whatever precautions are necessary to protect the welfare of their clients and refer them on to other professionals whenever appropriate.
17. Members are open and honest on the subjects of their training, expertise, experience and supervision arrangements. Clients may request information and explanations about purpose and nature of therapeutic methods, techniques or interventions at any time.
18. Humaniversity therapy is a developing and highly active field in which valuable new ideas are constantly emerging. Members accept responsibility for keeping up with new developments in therapy, for improving and updating their skills and knowledge. They make specific arrangements for continually monitoring their own knowledge and capabilities and have an ongoing commitment to continue to develop their personal competence.
19. Members are responsible for ensuring that their emotional needs are met outside their clinical work and that they are not dependent on their relationships with clients. They recognise that personal problems, temporary or enduring physical or mental incapacity, and other conflicts may on occasion interfere with their professional effectiveness. In such circumstances they seek appropriate professional assistance, supervision, support or advice. If they are unfit to work effectively or ethically, it may be necessary to refrain from practice.
20. Arrangements should be made to provide access to a list of current clients and their contact details to a designated colleague who would contact and inform clients in the event of an emergency or the therapist's sudden death. The designated colleague will close the practice as required, ensuring the referral of clients and the destruction of records and tapes.

Diversity

21. Members take into account and respect the values, customs and spiritual beliefs of their clients and do not discriminate on the basis of gender, disability, sexual preference, race, colour, age, HIV status, ethnicity, political, religious or spiritual beliefs, class or socio-economic status.

22. They recognise their own capacity for prejudice and blind spots in their experience and thinking. Whenever necessary they obtain supervision, additional training, consultation or advice to ensure competent and appropriate service.

Professional relationship

23. Members are required to maintain appropriate boundaries with clients. They accept responsibility for the consequences of their actions and make every effort to ensure that their services are used appropriately.

24. Members endeavour to be energetically, emotionally and cognitively present, centred and bounded in the therapeutic relationship. They respect their clients' boundaries, inner processes and right for self-determination. IHTAN members do not let their own need for gratification become dominant in the relationship and take care not to exploit their clients, current or past, in any way, financially, sexually or emotionally.

25. Potential conflicts of interest that might arise are made clear to all parties concerned. Therapists are required to consider the possible implications of entering into dual relationships and make every effort to avoid entering into relationships that could confuse the existing relationship and are likely to be detrimental to clients.

26. Members are engaged in ongoing evaluation processes of the therapy, its progress and their own usefulness to the client. This evaluation determines their actions. Members inform the client when it appears that the client is not benefiting from the therapeutic process.

Clinical practice

27. IHTAN members acknowledge that their own recommendations and personal actions can alter the lives of others. They use their position as a figure of power for the client to further the client's growth and autonomy. They do not use it for personal enhancement.

28. The therapeutic relationship is terminated by the therapist when it ceases to benefit the client, or at the client's request, or by

previous agreement. Care is taken to ensure that the client is well prepared for termination of the working relationship.

B. GROUP THERAPY

The Ethical Guidelines and Code of Practice principles of group therapy are generally the same as those applying to individual therapy but applied to a situation where the therapist balances the requirements of the group and the requirements of its individual members. The following additional statements aim to address situations and contexts specific to group therapy.

1. All members of the group agree to mutual confidentiality. Video and tape recordings are only made with the consent of all group members involved.
2. Therapists consider the needs of the whole group whenever dealing with matters concerning the group - including when negotiating individual membership, or doing individual sessions with group members.
3. Therapists encourage basic respect, appropriate confrontation and support between group members,.
4. Therapists have clear guidelines regarding sexual relationships between group members.
5. Announcements or advertisements of group therapy, personal development groups, special-interest group sessions or courses give a clear statement of purpose and a clear description of the experiences or training to be provided. The education, training, and experience of the staff members are appropriately specified and available prior to the commencement of the group, course or services. A clear statement of fees and any contractual implications is available before participation.

C. TRAINING RELATIONSHIPS

The Ethical Guidelines and Code of Practice principles of training relationships are generally the same as those applying to individual and group therapeutic relationships but applied to a situation where the trainer responds to personal and group requirements as a necessary part of developing the professional capacity of trainees. The following additional statements aim to address situations and contexts specific to training relationships.

1. Training a person is a responsibility deliberately undertaken by the trainer. All prospective trainees will be fully informed of the

nature and requirements of the course. The detailed syllabus, objectives, methodology and assessment criteria for each part of the training will be clearly set out and given to all trainees. All responsibilities in terms of costs and fees (as well as the possibility of cost increases during the course of training) will be explicit at the onset.

2. The degree of confidentiality will be made clear. There will be safeguards to protect the confidentiality of trainees' personal material. All exchanges between trainee and trainer whether in a one-to-one setting or group setting must be regarded as confidential and it is the trainer's responsibility to request that other trainees in a group setting respect confidentiality. Trainers and trainees meeting in more than one training context should be particularly sensitive to the confidentiality boundaries of each separate context.

3. Trainers are responsible for establishing a contract for confidential working which makes explicit the responsibilities of both trainer and trainees. For example, trainers must not reveal confidential information concerning trainees, or former trainees, without the consent of the trainee, except

- in discussions with those on whom trainers rely for professional support and supervision
- in order to prevent serious harm to another or to the trainee
- when legally required to break confidentiality
- during selection, assessment, complaints and disciplinary procedures in order to prevent or investigate breaches of ethical standards by trainees.

4. Normally trainees should be informed in advance that a trainer intends to disclose confidential information. If discussion by trainers of their trainees (or former trainees) with professional colleagues becomes necessary, it must be purposeful, not trivialising, and relevant to the training. If trainers suspect misconduct by another trainer which cannot be resolved or remedied after discussion with the trainer concerned, they should implement the Complaints Procedure, doing so without breaches of confidentiality other than those necessary for the investigation of the complaint. Within the context of training groups, there should be a clear boundary separating social and training times.

5. Trainers have a responsibility to themselves and to their trainees to maintain their own effectiveness, resilience and ability to work with trainees. They are expected to monitor their own personal functioning and to seek help and/or withdraw from

training, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

6. Trainers must monitor their training work and be able and willing to account to trainees and colleagues for what they do and why. They must monitor and evaluate the limits of their competence as trainers by means of regular supervision or consultancy. They should commit themselves to continuing professional development as trainers. With regard to trainees, trainers are responsible at the beginning of courses to clearly inform trainees of the criteria and process of assessment. Trainers should ensure that trainees receive regular feedback on their work and that self and peer assessment are encouraged at regular intervals.

7. Trainers will be honest about their training and qualifications.

8. Trainers must be alert to any prejudices and assumptions that trainees reveal and raise their awareness of these issues, so that trainees are encouraged to recognise and value difference. Trainers 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 training relationship.

9. Trainers will recognise the importance of a good working relationship for effective training to take place, and acknowledge the potential power and influence they may have with a trainee. Trainers must not exploit their trainees financially, sexually, emotionally, or in any other way.

11. Trainers are responsible for making explicit to trainees the boundaries between training, supervision, consultancy and therapy. They are responsible for establishing and maintaining appropriate boundaries between themselves and trainees, so that working relationships are not confused with friendship or other relationships. It is important that trainers model appropriate boundaries, i.e. the roles of trainee and client should in general be kept separate during the training. Where painful personal issues are revealed, trainers are responsible for suggesting and encouraging further in-depth work outside the training context. Visiting or occasional trainers on programmes must ensure that they take responsibility for any pre-existing professional or personal relationship with any member of the training group.

12. Trainers are responsible for evaluating satisfactory progress in and conclusion of training and may dismiss students for reasons such as lack of maturity, application or ability. In cases of dismissal from the training, or threats to do so, clear warning needs to be given with opportunities for the trainee to redeem his/

her position and the possibility of an appeal against any final dismissal. Trainers state training rules at the commencement of training and guarantee the contracted price range and quality of tuition.

13. Trainers may set definite requirements on the personal development of the student to meet the demands of the training.

14. Trainers use their power to establish and maintain the structure and quality of the training. They welcome the outcome of a democratic organisation of trainees. They encourage trainees to share their evaluation of the system and the training programme. They hear the opinion of the trainees on the organisational structure of the system and training programme and take their suggestions into account. They recognise the power of the training relationship and the potential for distortion from the trainers' personal processes and how these might affect the trainees' future professional life and take appropriate precautions.

D. SUPERVISION

The Ethical Guidelines and Code of Practice principles of supervision are generally the same as those applying to individual therapy and training, but applied to a situation where the supervisor supports and confronts the supervisee to help him/her improve his/her professional performance. The following additional statements aim to address situations and contexts specific to supervision.

1. Members who supervise other therapists or therapists in training accept the obligation to provide constructive consultation and facilitate the further professional development of these individuals. They take appropriate action to ensure the competence of therapists in training.

2. Supervisors clearly state the difference between supervision and therapy and at all times respect this boundary and difference of focus.

E. PROFESSIONAL RESPONSIBILITY AND CONDUCT

1. Members are required to restrict promotion of their work to a description of the type of therapy they provide. When announcing or advertising professional services, psychotherapists may list the following information to describe their qualifications and the services they provide: relevant academic degree(s) or training certificate(s) earned from accredited institutions, award of the ECP (European Certificate of Psychotherapy), membership of psychotherapy organisations and professionally relevant bodies,

contact information, a brief listing of the type of psychological services offered, scale of fees, policy with regards to private health insurance payments, foreign languages spoken and other brief and pertinent information. Additional relevant or important consumer information may be included if not prohibited by other sections of these Ethical Guidelines.

2. Paid advertisements must be identified as such, unless it is apparent from the context that it is a paid advertisement. In announcing or advertising the availability of psychotherapeutic services or publications, psychotherapists do not present their affiliation with any organisation in a manner that falsely implies sponsorship or certification by that organisation. Public statements may not contain:

- a false, fraudulent, misleading, deceptive, or unfair statement;
- a misinterpretation of fact or a statement likely to mislead or deceive because it makes only a partial and out of context disclosure of relevant facts ;
- a statement intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain the offered services;
- a statement concerning the comparative desirability of offered services;
- a statement of direct solicitation of individual clients.

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

4. In order to protect the good name of the organisation and Humaniversity therapy, IHTAN members should be attentive to the integrity and ethical behaviour of their colleagues as well as themselves.

5. Members are required to consider appropriate action if they become aware of another members' ethical violation or behaviour which may be detrimental to the profession, to colleagues or to trainees. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, they may first attempt to resolve the issue informally by bringing the behaviour to the attention of the IHTAN member. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, members should bring it to the attention of the appropriate institution, association or committee on professional ethics and conduct.

6. IHTAN Members inform the IHTAN if:
 - any complaint is in progress or has been upheld against them in another professional organisation, or in connection with their professional work or in respect of any professional organisation with which they are directly involved;
 - they are convicted of any criminal offence, in which case information will be held in confidence by IHTAN unless it has a direct bearing on a practitioner's professional viability;
 - successful civil proceedings are brought against them in connection with their work as practitioners.

The IHTAN Council decides whether such findings make it appropriate to review the IHTAN Member's membership.

F. RESEARCH AND PUBLICATION

1. The association is committed to fostering research that will inform and develop theory and practice. All research and publication should be undertaken with rigorous attentiveness to quality and integrity. Acknowledgment through specific citations is made for unpublished as well as published material that has directly influenced the research or writing.
2. IHTAN members who present personal information obtained during the course of professional work in writings, lectures, or any other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information to safeguard the welfare and anonymity of clients.
3. Members are required to clarify with clients the nature, purpose and conditions of any research in which the clients are involved and to ensure that informed and verifiable consent is given before commencement.
 - a testimonial from a client regarding the quality of a therapist's services or products;
 - a statement intended or likely to create false or unjustified expectations of favourable results;
 - a statement implying unusual, unique, or one-of-a-kind abilities;
4. The rights of all research participants should be carefully considered and protected. Participants have the right to withdraw their consent at any time. Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to such information, this

possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent.

5. Research methods used should comply with standards of good practice in Humaniversity therapy and must not adversely affect clients.