

INSTITUTE FOR ARTS IN THERAPY AND EDUCATION

CODE OF ETHICS AND PROFESSIONAL CONDUCT

The Institute adheres to the **Standards and Code of Ethics** set out by the Humanistic and Integrative Section of the *United Kingdom Council for Psychotherapy* and the *Health and Care Professions Council*. This Code of Ethics must be read in conjunction with:

- 1) The *IATE Integrative Child Psychotherapy Code of Ethics* (if working with children)
- 2) The *British Association of Arts Psychotherapists* (BAAT)
- 3) The *Health and Care Professions Council Standards of Proficiency* (HCPC)

They are as follows:

- 1) The psychotherapist is required to have appropriate qualifications to practise and be registered with the UKCP and either be registered with the UKCP or working towards registration with the UKCP.
- 2) The psychotherapist is required to practise according to the principles of transparency and accountability.
- 3) The psychotherapist is required to assess a client's needs and evaluate whether they have the appropriate training and experience to work effectively with them.
- 4) The psychotherapist is required to evaluate whether Integrative Arts Psychotherapy is the appropriate intervention for a client's particular presenting issues.
- 5) It is necessary that the client affirms their voluntary participation.
- 6) An explicit contract or working alliance with the client is necessary which includes time, fees, respective responsibilities of client and psychotherapist, rationale of sessions, restrictive and permissive ground-rules of sessions and confidentiality.
- 7) The psychotherapist provides open information for a client upon request about the psychotherapist's experience, training, degrees/diplomas, supervision / peer assessment.
- 8) There is no exploitation or oppression of the client's emotional vulnerability, for the gratification of the psychotherapist's sexual, financial or power-oriented impulses or for any distress-determined compulsion in the psychotherapist.
- 9) There is affirmation of the self-determination, personal power and responsibility of the client.
- 10) The psychotherapist is required to have a commitment to supervision, maintaining standards, quality assurance and continued professional development.
- 11) The psychotherapist is required to be open to and/or engaged with research issues.

The Client–Psychotherapist Relationship

- 1) The psychotherapist accepts clients commensurate with their training, skill and supervision arrangements. When faced with a client outside the competence of the psychotherapist, she/he will either refer the client to a psychotherapist with the required skills or obtain appropriate supervision.
- 2) The client-psychotherapist relationship is professional. Sexual intercourse or any other exploitation of the client-psychotherapist relationship - either financial or emotional - is considered unethical. Similarly, psychotherapists recognise the importance of a good working relationship for effective therapy and are cognisant of the power and influence that this relationship gives the psychotherapist. The psychotherapist acts in a manner consistent with that recognition.
- 3) Contracts with clients are explicit regarding fees, payment schedule, holidays, cancellation of sessions by client or psychotherapist and frequency of sessions. Psychotherapists make it clear whether it is therapy, training, or what is being provided. The length of the therapy, the methods utilised, transfers of clients and terminations etc. are discussed with clients and mutual agreement sought.
- 4) It is good practice for a client to see one psychotherapist at a time.
- 5) Psychotherapists are open about their training, qualifications, years of experience, and other related information regarding professional competence.
- 6) Psychotherapists maintain suitable facilities and conditions for the type of therapy provided.
- 7) Psychotherapists respect the dignity of clients and their worth as human beings. They affirm their client's right to and need for self-determination, personal growth, self-responsibility; and they attempt to enhance their client's progress in those directions.

In addition, The Institute states that:

- 1) Any changes to the client's regular appointment, or any changes to the circumstances of the therapy, e.g., change of venue or fees, must be made with advance notice.

- 2) Any necessary interruptions or termination of the therapy must be arranged in advance to allow the client sufficient time to discuss and work through any psychological implications.
- 3) The client should be very clear how to contact the psychotherapist during working and non-working hours.
- 4) The dress of the psychotherapist should be appropriate, e.g., she/he should not wear sexually provocative clothing or clothing which would be inappropriate for body-work.
- 5) Psychotherapists should at all times maintain therapeutic boundaries with respect for the symbolic and psychological implications of these.
- 6) Psychotherapists should endeavour to have meaningful relationships outside the work situation to reduce the need to use clients for emotional satisfaction.
- 7) Psychotherapists should not work under the influence of drugs or alcohol.
- 8) Psychotherapists should support themselves sufficiently in life, and manage their practice in such a way as to avoid burnout, over tiredness, overloading, which would adversely affect their ability to be fully present in the therapy sessions.
- 9) Psychotherapists should recognise when they are not able to be fully present with clients and take appropriate action, e.g., a holiday, consider further supervision or personal therapy.
- 10) Psychotherapists should see that they have sufficient time to assimilate the process and content of each session, i.e., there should be a sufficient time interval between one client and the next, and days not working.
- 11) The assessment process, treatment process and evaluation of the outcomes in psychotherapy are to be constantly appraised and monitored in collaboration with client. This may change in accordance with the evolving psychological needs or presenting issues of the client
- 12) Psychotherapists do not discriminate against clients in terms of race or culture, disability, age, gender, sexual orientation, religion, or other value or belief systems.
- 13) Psychotherapists should be most cognisant in not attempting to influence their clients with their own value systems and belief systems. Psychotherapists are required to be respectful of diversity with reference to all of the above.
- 14) All psychotherapists must have a designated person who can access all client contact details in the event of serious injury or death. It is an ethical responsibility to ensure clients can be contacted and appropriately referred in the event of the psychotherapist experiencing emergency or accident.

Dual Relationships

- 1) The psychotherapist avoids taking on a client with whom she/he would then have a dual relationship. Thus, no friends, relatives, employees, employers, supervisees, close friends / intimates of other clients, or trainees must be taken on as clients.
- 2) No other relationship is taken on with the client, e.g., employing the client's professional services, or sending a relative or friend to the client for services.
- 3) Psychotherapists avoid seeing clients in any social circumstances outside the therapy room (apart from where the client is also seen by the psychotherapist in a therapy group). Where this contact happens accidentally, e.g., bumping into a client in a restaurant, the impact of this needs to be considered in the session. If the safety or the containment of the therapy is impaired and cannot be worked through satisfactorily, the therapy may need to be terminated and an appropriate referral provided.
- 4) There may be circumstances in which the psychotherapist and the client, as part of the same profession are exposed to each other in the context of their member organisation or public lectures. It is essential that the psychotherapist remains mindful of the psychological issues that can be provoked on such occasions and is willing to address this in a supportive way for the client in the therapy.
- 5) There must be a two-year time lapse before a therapist is able to relate to a client outside of the therapeutic setting.

Supervision

- 1) Supervision provides a challenging and supportive context for members to share their work, enhance their effectiveness, and protect the client. Members should not practise without appropriate levels of supervision.
- 2) All students at IATE are required to attend supervision at a minimum ratio of 6:1 during training (one supervision hour for every six hours of clinical practice). This can be increased where necessary to provide further support to both client and psychotherapist.
- 3) A member's supervisor should not be their psychotherapist.
- 4) All practising psychotherapists remain in supervision as part of quality assurance and service provision for charts.

Professional Issues

- 1) Psychotherapists maintain professional relationships with colleagues (skill sharing, support and concern for ethical issues, promotion of the theory, research and practice of therapy).
- 2) When a medical aspect of the client's condition maybe involved, a non-medical psychotherapist will seek medical consultation where appropriate and encourage the client to do so.
- 3) Advertising shall be limited to accurate information regarding qualifications and services. Demeaning and comparative statements about other therapies or psychotherapists are considered inappropriate. With therapy groups, a brief description of methods and goals is acceptable.

Confidentiality

- 1) Confidentiality is intrinsic to good practice. All exchanges between members and client must be regarded as confidential. Where a member has any doubts about the limits of confidentiality, she/he should seek supervision.
- 2) Members should provide a working environment that ensures privacy.
- 3) All information provided by the client (and confidential information provided by professionals) is considered confidential with the following exceptions:
 - a. When working in a multi-disciplinary team, relevant information is shared and this is included in a transparent and accountable way when negotiating the initial contract and working alliance with the client.
 - b. In transfers and referrals mutually agreed between client and psychotherapist, pertinent information may be shared with the new psychotherapist with the client's permission.
 - c. For supervisory purposes, and clients are made aware of the role of the supervisor in the initial contract and working alliance.
 - d. For educational purposes which are included in the supervisory element of psychotherapy practice. It is good practice for all students who may be considering presenting a client as part of their case study, examination or dissertation to invite permission in the initial contract. Permission can be obtained in the initial working alliance included in a general contract under the heading of Supervision and Education. This is particularly important when discussing the possibility of taping sessions. It is essential for the anonymity of a client to be preserved and therefore all names will be changed.
- 4) If there is clear evidence of probable serious danger to the client, to others, or to their property – then confidentiality can be broken. For example, where the client is actually intending to die by suicide, or homicide, the psychotherapist is obliged, having informed the client, to inform a medically qualified professional.
- 5) When required by law (however courts are usually sympathetic to the desirability of keeping confidential sessions of this type confidential, and where appropriate, the psychotherapist should ask the court for permission to do so). These issues must be carefully addressed in supervision.
- 6) When any report to other professionals, e.g., doctor, probation officers etc., is requested or exchanged involving disclosures of the client's identity, mutual agreement is sought with the client, and a signed consent obtained where necessary.
- 7) When a video or digital recording of a session is made, it is necessary for signed consent to be obtained from the client. Informed consent extends to all illustrative records including video or audio recordings, paintings, digital images or artwork.
- 8) Members must maintain confidentiality after the completion of psychotherapy.

Continued Professional Development

- 1) Members have a particular responsibility to continue their personal and professional development through any or all of the following; personal therapy, regular supervision, further training, research, publication.
- 2) All members are informed of the Continued Professional Development Policy in which self- support and nurturing creativity and imagination are recognised as increasing the quality of psychotherapy service provision.
- 3) Continued Professional Development is a vital and necessary aspect of good practice. It is a requirement for the five-year re-accreditation programme.