

Fundamental Principles

The following ethics outline is a combination of the NCPS and the BPS's ethical framework for general guidance in information. If you have any queries, please contact me: info@ninepeachestherapies.com.

The ethical principles are set out here by my supervisory body, the National Counselling and Psychotherapy Society and the British Psychological Society, which inspires members towards best practice. Ethical decision making is dependent on context which then produces variables and grey areas for consideration. Therefore, there cannot be an obligation to choose one principle above another but rather a framework of principles in which to consider the context of the situation and practitioner involved. Since 1984 this framework has been developed worldwide, and we particularly reference the work of Kitchener (1984) and Kitchener and Anderson (2011). Although these principles cannot be used to find a 'right or wrong' ethical decision they can be used to make a 'best clinical judgement' and a practitioner of NCPS will need to demonstrate that they have considered these principles in their ethical practice and decision making, especially discussing them with their supervisor. The fundamental principles of this code are:

1. Working towards the good of clients and doing no harm (Beneficence and Non-maleficence) Practitioners hold the welfare of clients central to their work and so commit to avoiding harm.
2. Being trustworthy and responsible (Fidelity) Practitioners endeavour to establish trust with their clients and the community in which they work. Therefore, practitioners not only honour the trust placed in them by their clients and the community but also act in a respectful, professional and ethical manner when representing their profession.
3. Respect for the dignity and rights of the client (Autonomy) Clients have the right to self-determination and to be shown dignity and respect for making their own lawful decisions (where applicable consideration of Gillick competence and reference to Fraser Guidelines may be required).
4. Justice Practitioners are aware of their own judgements based on their own experiences and need to take precautions (supervision) to provide a service that is not restricted by their own prejudice and limitations of experience. This also means showing respect for diversity of persons, without prejudice to colour, race, belief, gender, sexuality, social context, and mental and physical abilities.
5. Integrity and self-responsibility Practitioners work to be as honest, truthful and accurate as possible. They are also responsible for looking after their own needs and health. So, a practitioner will only commit to a practice that they can offer being aware of own expertise, training, health and wellbeing and let the client know if anything changes.

Offering a Service

Registrant Members of the Society may offer their services to the General Public. Student members may offer services as part of a formally supervised placement arrangement as defined in the Society's Training Standards. All Practitioners undertake to:

1. Provide a service to clients solely in areas in which they are trained and competent to do so.
2. Ensure that the premises where counselling takes place and all facilities offered to clients are suitable, appropriate for the service provided and respectful of the client's need for privacy.
3. Discuss with client's realistic outcomes and limitations of the service offered.
4. Inform clients of the confidentiality of the service offered, including any limitations on confidentiality required by law and for the purpose of supervision.
5. Respect the autonomy of clients to choose whether to avail themselves or continue to avail themselves of the service offered.
6. Produce when asked evidence of current professional indemnity insurance.
7. Have a current DBS certificate if working with minors and vulnerable adults, and to produce it when requested. Full details of how to do so are in the members area of the website.
8. Explain fully to clients in advance of any therapy/service: the fee levels, precise terms of payment and any charges which might be imposed for non-attendance or cancelled appointments.
9. Agree clear and transparent contracts and/or terms and conditions, in writing where appropriate, which do not use unreasonable terms or restrict the statutory rights of clients.
10. Ensure that any advertising and promotion of services complies with the Code of Advertising Practice, the CAP Code, ASA Good Practice guidance and Consumer Protection from Unfair Trading Regulations.
11. Not offer clients a therapeutic relationship based on misleading title use (see Appendix A)
12. Inform prospective, present, and former clients if therapy is resumed, of the Society's Code of Ethics and how to access it.
13. Inform clients wishing to address perceived failures by the Member of any arrangements of independent mediation and of their right to make a complaint under the Society's Complaints Procedure.

Delivering a Service Registrant

Members of the Society may offer their services to the General Public. Student members may offer services as part of a formally supervised placement arrangement as defined in the Society's Training Standards. All Practitioners undertake to:

1. Work in ways that promote client autonomy and well-being and that maintain respect and dignity for the client
2. Demonstrate a fully developed, professional awareness of diversity issues; and specifically, not permit considerations of religion, nationality, gender, sexual orientation, marital status, age, disability, politics or social standing to adversely influence client treatment. (See Appendix B)

3. Refrain from using their position of trust and confidence to: a. Cross the boundaries appropriate to the therapeutic relationship. This includes but not limited to having sexual relationships with or behaving sexually towards clients, supervisees or trainees; maintaining the confidentiality of counselling as far as the law allows; or by exploiting them emotionally, financially or in any other way whatsoever. b. Touch the client in any way that may be open to misinterpretation, for example, but not limited to: a hand on the knee, or a supportive hug. N.B. Before using any touch as a component of counselling, an explanation should be given, and permission received. This can be verbal permission and should be written in case notes.
4. Decline with explanation, inappropriate gifts, gratuities or favours from a client. Examples include, but are not limited to financial gifts, event or discount vouchers, objects of substantial monetary value. The offering of any gift in therapy is an important event in the therapist-client relationship, and its implications should be discussed with the client and considered in supervision.
5. Should any relationship (i.e., any enduring personal or professional connection other than the clinical relationship between client and therapist) occur or develop between either counsellor and client, or members of their respective immediate families, the therapist should consult their supervisor at the earliest opportunity. It is likely to be appropriate to cease accepting fees, work towards terminating the counselling relationship in an appropriate manner and arranging a carefully considered referral to another suitable therapist at the earliest opportunity.
6. Be consistent with the welfare and expressed wishes of the client and never protract therapy unnecessarily and to terminate therapy at the earliest moment consistent with the welfare and expressed wishes of the client.
7. Remain aware of their own limitations and wherever appropriate, be prepared to refer a client to another practitioner or medical adviser who might be expected to offer suitable support.
8. Ensure that wherever a client is seeking assistance for the relief of physical symptoms, that unless having already done so, the client is advised to consult a registered medical practitioner. Practitioners should not attempt to diagnose physical symptoms unless they have undergone relevant medical training in diagnostics.
9. Accept that any client referred to them by a registered medical practitioner (or other relevant agency) remains the clinical responsibility of the medical practitioner (or agency). This may involve agreement on any responsibility to agree to keep that medical practitioner (or agency) suitably informed of the client's progress, i.e., unless the client has given permission for the release of such information, feedback should take the form of general comments as to progress rather than the provision of specific details. Practitioners should also be prepared to share information previously agreed with the client necessary for the continuing support of clients by other healthcare professionals, where there is an overlap or hand-over of care.
10. Take all reasonable steps to ensure the safety of the client and any person who may be accompanying them.
11. Deliver counselling services in an appropriate way. (See Appendix C)

Advertising, Display of Credentials and Use of Specific Titles

All Practitioners undertake to:

1. Ensure that all advertising, no matter in what form or medium it is placed, represents a truthful, honest and accurate picture of themselves, their skill-base, qualifications and facilities and that any claims for the successful outcome of therapy (in whatever format) shall be based upon verifiable, fully documented evidence.
2. Ensure that all advertising shall comply with the British Code of Advertising Practice, in accord with the British Advertising Standards Authority and to make available all such literature to the Society on request.
3. Display only valid qualifications and certificates issued in respect of relevant training courses and events, or certificates of registration, validation or accreditation as issued or awarded by relevant professional bodies.
4. Refrain from advertising any pending accreditation, approval or membership grade until such accreditation or membership is granted.
5. Ensure that an academic doctorate cannot be confused by clients with medical qualification unless the practitioner possesses such qualifications.
6. Follow advertising guidance for therapists when using specific titles (see appendix A).

Confidentiality, Maintenance of Records and Recording of Sessions **Please see Private Policy.**

Working with Minors and Those Classified as Persons with Special Needs or Vulnerabilities

All Practitioners undertake to:

1. Obtain the written consent of an appropriate adult (i.e., parent, legal guardian or registered medical practitioner) except for those who are Gillick competent, before conducting therapy with clients who are either under the age of majority or are classified as persons with special needs or vulnerabilities. It is recommended that members hold a current DBS certificate. Full details of how to obtain a DBS can be found in the members area of the website.
2. Ensure that methods of communication are monitored where a client is a child or young person. It is not sufficient to assume that a text message, email or other non-immediate form of communication has been understood or received in a timely manner. Where a client may be at risk, direct communication (face to face or by telephone contact) is required.
3. Offer a proactive service which must include following up on any advice or recommendations given to seek further help e.g., medical intervention, and to inform the parents, legal guardian and/or General Practitioner if the client is at risk of harm.
4. Diligently follow any escalation process required for any contracted work. When in private practice, escalate any concern of risk of harm to the parents, legal guardian and/or General Practitioner as appropriate.
5. Obtain further knowledge and training specialised in working with children and young persons.
6. Ensure supervision is obtained from a supervisor with experience of, and preferably specific training in working with children and young persons.
7. It is advisable that note taking is practised and ensure note taking for clients, who are children and young people includes: dates of any significant events, dates of any escalation and referrals (including when taken to supervision), who referrals are made

to, and follow up action taken. Expect these notes to be provided to the Society in the event of any complaint.

General Conduct

All Practitioners undertake to:

1. Always conduct themselves in accord with their professional status and in such a way as neither undermines public confidence in the process or profession of counselling, nor brings it into disrepute, being aware of professional and personal boundaries.
2. Members are required to cooperate with the Society's complaints process for the time being in force; to provide the Society with evidence requested as part of a complaints process, and to attend and cooperate with complaints hearings when necessary.
3. Never publicly criticise, malign or professionally obstruct another member of the profession, unless there is an issue of public protection and concern which should be addressed through a properly constituted complaints procedure.
4. Never diagnose or treat a person as mentally ill based on that person's race, ethnicity, age, gender, sexual orientation, or political, religious, ideological, moral or philosophical beliefs.
5. Respect the status of all other medical/healthcare professionals and the boundaries of their professional remit. Ensure that they maintain the highest level of communication with clients (avoiding abbreviation and shorthand) whether by telephone; email; text or any other social media messaging service. See (Appendix C)

Research Ethics

For all practical purposes, where research directly involves clients or trainees, all clauses within the Code of Ethics are applicable. In addition, researchers should:

1. Accept that all participation by research subjects is on a purely voluntary basis. No pressure of any type should be exerted to secure participation. Payment must not be an inducement if the research involves participants in taking risks beyond that taken in the normal course of the participant's everyday life.
2. Ensure that proper consent has been obtained prior to the commencement of any research project. This is especially so in the case of minors or persons with special needs. N.B. This does not apply where general research of a purely statistical nature is carried out. In longitudinal research, consent may need to be repeated at intervals.
3. Make clear to the participant at the outset that initial consent does not negate their right to withdraw at any stage of the research.
4. Maintain complete openness and honesty regarding both the purpose and nature of the research being conducted.
5. Consider any potential adverse consequences to participants because of any intended research project and be ready to signpost should support be required.