



Scarborough Counselling & Psychotherapy Training Institute

CODE OF ETHICS FOR TRAINEES AND GRADUATES

The Code of Ethics and Professional Practice will be open to periodic review by the Ethics Committee of the Scarborough Counselling & Psychotherapy Training Institute (hereafter SCPTI). Therapists are responsible for the observation of the principles inherent in the Code of Ethics and are to use the Code as the basis of good practice rather than a set of minimal requirements. The Code of Ethics will be revised periodically to ensure compatibility with the Code of Ethics of the United Kingdom Council for Psychotherapy and/or other relevant professional bodies.

1 Jurisdiction

- 1.1 The Code applies to all categories of membership of SCPTI in the management of their professional responsibilities to clients, colleagues within SCPTI and the wider professions of Counselling and Psychotherapy.

2 Intention

The Code of Ethics is intended to:

- 2.1 Protect and inform members of the public who are inquiring about, or receiving, the clinical services of Members of SCPTI.
- 2.2 Make clear and explicit the standards of professional practice of Members of SCPTI and promote good practice.
- 2.3 In the event of a breach of Ethics the Complaints Procedure may be invoked and appropriate sanctions may include suspension or termination of membership.
- 2.4 SCPTI is a Full Training & Accrediting Member Organisation of UKCP and is required to report to the UKCP the names of Members whose membership has been suspended or terminated.

3 Client-Therapist Relationship

- 3.1 The client-therapist relationship is a professional relationship within which the welfare of the client is the Member's primary concern.
- 3.2 The dignity, worth and uniqueness of the client is to be always respected.
- 3.3 It is the Member's aim to promote increased awareness, encourage self-support, and facilitate the self-development and autonomy of clients with a view to increasing the range of choices available to them, together with their ability/willingness to accept responsibility for the decisions they make.
- 3.4 Members are responsible for working in ways which enhance their client's sense of empowerment, their capacity to become self-supporting, their ability to make creative choices and changes in response to their evolving needs, circumstances, values and beliefs.
- 3.5 Members should be respectful of their client's age, health, gender, sexuality, religion, ethnic group, social context, and any other significant aspects of their life.
- 3.6 Members should provide regular opportunities to review the terms of the therapeutic contract and the progress of therapy.

- 3.7 Decisions regarding the termination of therapy are normally the joint responsibility of client and Member. Should a member's professional assessment not accord with a client's decision to terminate, a member should facilitate termination in a manner which is respectful of the client's autonomy. Termination of therapy or facilitation of a change of therapist should be managed with care and consideration for the client's dignity and well-being.
- 3.8 The therapist has the right to end therapy with appropriate notice, or even without notice if circumstances, including the behaviour of the client make therapy no longer viable.
- 3.9 Members must recognise the importance of a good relationship for effective therapy and be cognisant of the power and influence this responsibility gives them. The Member must act in a manner consistent with this recognition and not exploit client financially, sexually, or emotionally for their own personal advantage or their own needs.
- 3.10 Members should not take money under false pretences - knowingly retaining a client after therapy has ceased to be effective or increasing fees without prior negotiation with the client.
- 3.11 A physical, sexual relationship with a client is exploitative.
- 3.12 Sexual harassment in the form of deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are, or could be, considered offensive by the client, are unethical.
- 3.13 Members need to be aware when other relationships or external commitments conflict with the interests of the client. When such a conflict of interest exists, it is the Member's responsibility to declare it and be prepared to work through the issues with the client.
- 3.14 Members need to recognise that dual relationships - where the client is also an employee, close friend, relative, or partner - will likely impair their professional judgement and cause undue stress to clients and themselves.
- 3.15 Members will not normally enter into a personal or business relationship with a former client however, in exceptional circumstances should this happen, and the relationship proves detrimental to the former client, the member will be deemed to have acted unethically. We therefore suggest that the member think very carefully before embarking upon such a relationship.

4 CONFIDENTIALITY

- 4.1 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.
- 4.2 A client should be informed at the outset of therapy (as part of the therapist-client contract) that in extreme circumstances where the client is a danger to themselves or others, a member may break confidentiality and take appropriate action.
- 4.3 When a member wishes to use specific information gained during work with a client - in a lecture or publication, the client's permission should be obtained, and anonymity preserved. Clients should be informed that they have a right to withdraw consent at any time.
- 4.4 Members should provide a working environment which ensures privacy.
- 4.5 Members should not make trivialising comments about clients.
- 4.6 Members must maintain confidentiality after the completion of therapy.

5 CLIENT SAFETY

- 5.1 Members must take all reasonable steps to protect clients from physical or psychological harm during therapy.

- 5.2 When a client develops a medical condition, Members should encourage the client to obtain advice from their doctor or other suitably qualified person. Members should obtain clients' permission before contacting other professionals unless there are overriding ethical or legal considerations.
- 5.3 Members should consider what provisions may be made for clients to be informed in the event of the Members serious incapacity or death. Responsibilities will include management of confidential files and audio/video recordings.

6 INITIAL CONTRACTING

- 6.1 Contracts with clients, whether written or verbal, should be explicit regarding fees, payment schedule, holidays, cancellation of sessions by client or Member. The length of therapy, transfer of clients and termination's, are discussed with clients and mutual agreement sought. This should be done at the outset before any commitment is made to ongoing therapy. Subsequent changes to the contract must be negotiated and agreed with the client.
- 6.2 If requested by a client Members should provide information about their qualifications and experience.
- 6.3 If requested by a client Members should provide information about SCPTI Codes and SCPTI Complaints Procedure.
- 6.4 Members must inform clients if they become aware of any relevant conflict of interest at the initial interview or at any subsequent stage of therapy.
- 6.5 Members are responsible for setting and monitoring the boundaries between a professional relationship and a social one, and for making explicit such boundaries to the client.

7 COMPETENCE

- 7.1 Members accept clients commensurate with their training, skill, and supervision arrangements.
- 7.2 Members should pay attention to the limits of their competence. Where a member recognises that they are reaching their limit, then consultation with a colleague and/or supervisor is essential. It may be appropriate to refer the client to someone else.
- 7.3 Members have a responsibility to maintain their own effectiveness and ability to practice. Members should not work with clients when their capacity is impaired because of emotional problems, illness, alcohol or any other reason.
- 7.4 Members should protect their own physical safety when engaged in therapy.
- 7.5 Members should secure professional indemnity and public liability insurance to protect themselves in the event of legal action being taken against them or against the owners of premises in which they work.
- 7.6 Members should have appropriate therapeutic and supervisory support to maintain ethical and professional practice.

8 SUPERVISION

- 8.1 Supervision provides a challenging and supportive context for Members to share their work, enhance their effectiveness, and protect the client. Members should not practice without appropriate levels of supervision.
- 8.2 A Member's supervisor should not be their therapist.

- 8.3 Members together with their supervisors share responsibility for maintaining a focus on supervision which is purposeful and relevant to the Member's clinical practice.

9 CONTINUED PROFESSIONAL DEVELOPMENT

- 9.1 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, other.

10 RECORDS

- 10.1 Members should keep adequate client records which must be kept safely under secure conditions.
- 10.2 As a minimum, records should include client's:
- 10.2.1 name, address and telephone number
 - 10.2.2 name and telephone number of general practitioner
 - 10.2.3 details of any current involvement with other members of the caring professions
 - 10.2.4 information regarding significant medical problems
 - 10.2.5 ongoing case recordings
- 10.3 Members must ensure that computer-based records comply with the requirements of the Data Protection Act 1984.

11 ADVERTISING

- 11.1 Advertising should be confined to descriptive statements about the services available, and the qualifications of the person providing them. Advertising should not include testimonials, make comparative statements, or in any way imply that the services concerned are more effective than those provided by other schools of therapy or organisations. Members should refrain from claiming qualifications they do not possess.
- 11.2 Trainee Members should not describe themselves as a psychotherapist or counsellor.
- 11.3 Members should not describe themselves as affiliated to any organisation in such a manner that inaccurately and improperly implies or suggests authorisation or sponsorship by that organisation.

12 RESEARCH

- 12.1 Members are obliged to conduct any research in counselling and/or psychotherapy with ethical endeavour.

13 LEGAL PROCEEDINGS

- 13.1 Members should be reasonably conversant with the legal implications of their work as counsellors/psychotherapists and have access to legal advice.
- 13.2 A member of the Scarborough Counselling & Psychotherapy Training Institute Limited who is convicted in a Court of Law for any criminal offence or is the subject of a successful civil action by a client should inform the Institute.
- 13.3 Members who become aware of a specific crime during their clinical practice, whether current or past, should seek supervisory and legal advice immediately.

14 RESPONSIBILITIES TO THE COUNSELLING/PSYCHOTHERAPY PROFESSION

- 14.1 Members should not accept anyone as a client if they are already the client of another counsellor/psychotherapist.
- 14.2 It is considered good practice to acknowledge the source of a referral of a client.
- 14.3 Members should conduct themselves personally and professional in ways which promote the confidence of the public in the professions of counselling and psychotherapy.
- 14.4.1 A Member who is concerned about the professional conduct of another Member, should discuss their concerns with this person. If the matter cannot be resolved satisfactorily, then the Complaints Procedure of SCPTI may be implemented.

15 INDEMNITY INSURANCE

- 15.1 Members commit to ensuring that their professional work is adequately covered by appropriate indemnity insurance or by their employer's indemnity insurance arrangements.