

Code of Ethics & Conduct

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METANOIA INSTITUTE CODE OF ETHICS AND CONDUCT

The purpose of the Code of Ethics and Conduct is to set out ethical principles which inform practice, and which practitioners commit to, and actively endeavour to maintain.

This Code of Ethics and Conduct, the Code of Research Ethics, and other codes which may apply, may be taken into account by the Clinical Ethics Committee when considering allegations made against any member of the Metanoia Institute being dealt with under the Metanoia Complaints and Professional Conduct Procedure, or the equivalent procedures of BACP, UKCP and HCPC.

The term 'practitioner' in this Code of Ethics and Conduct applies in principle, and where appropriate, to tutors and supervisors. Tutors and supervisors should read this document in conjunction with the Codes of Ethics for Tutors and Supervisors.

The term 'practitioner' applies to all student and graduate members of the Institute.

The term 'service' in this document applies to counselling, counselling psychology, psychotherapy and coaching.

General ethical principles

1. Best interest of clients

1.1 The wellbeing and best interests' of the client is the practitioner's primary concern. Practitioners commit to:-

- respecting the best interests of the client
- respecting the autonomy of the client
- respecting the dignity and privacy of the client
- promoting the wellbeing of the client
- honouring the trust placed in the practitioner
- avoiding harm to the client
- treating all clients fairly and impartially

1.2 Practitioners commit to making informed agreements with clients about the nature of the work at the outset, appropriate to the expressed needs of the client, and to explaining the modality and methods of working when requested and as appropriate.

1.3 Practitioners are expected to accurately and honestly disclose their qualifications and experience to clients when requested, and commit to not intentionally providing misleading information of any kind. Students commit to informing clients that they are in training at the outset of the professional relationship.

1.4 Practitioners acknowledge their power and position of trust within the relationship with their clients and commit to avoiding exploitation of clients, or former clients, legally, financially, emotionally, sexually or in any other way.

1.5 Practitioners commit to not entering into sexual relationships with clients. This includes behaving in a sexual manner towards clients.

1.6 Practitioners commit to not knowingly entering into sexual relationships with, or behaving in a sexual manner towards, anyone closely connected to a client.

1.7 Practitioners commit to not offering or engaging in any kind of service or intervention which may harm a client's sexual orientation and/or gender identity. This includes, but is not restricted to, clients who identify as gay, lesbian, bisexual and transgender. This applies to conversion therapy, which claims to eliminate or reduce same sex attraction or alter gender identity, and to any other services or interventions which may be harmful to a client's sexual orientation and/or gender identity.

1.8 Practitioners commit to knowing and understanding their legal responsibilities towards children, young people and vulnerable adults, and to taking appropriate action when they consider a child or vulnerable adult to be at risk of harm.

1.9 Practitioners acknowledge that their behaviour in their personal life may impact on their relationships with clients and commit to addressing both positive and negative effects in supervision, and with clients, when appropriate.

1.10 Practitioners are responsible for ensuring that they manage their personal and professional social media/internet based activities in a way that respects the privacy of clients and avoids harmful dual relationships with clients.

1.11 Dual/multiple relationships and conflict of interest. Practitioners are expected to avoid entering into dual and multiple relationships with clients, including any relationship which may cause confusion for an existing client. For example, entering into social or business

relationships with clients, or accepting as a client someone who is closely connected to an existing client. In circumstances where dual/multiple relationships may be unavoidable, for example, in small communities, practitioners are responsible for clarifying and managing boundaries with the client, for protecting client confidentiality and for reviewing such arrangements at regular intervals.

1.12 Practitioners accept that, in essence, the responsibilities assumed in working with clients continue after the ending of the relationship.

1.13 Practitioners are expected to avoid entering into any other kind of relationship with a former client. In circumstances where this may be unavoidable and/or coincidental, practitioners are expected to carefully consider important aspects of the former relationship, such as the duration and nature of the work, and to exercise reasonable care. When a potential relationship with a former client is one of choice, practitioners are expected to carefully examine their own motives. Practitioners are advised that should a relationship with a former client prove to be detrimental to the former client, they may be called to account.

1.14 Should anything in the work with a client go significantly wrong, the practitioner commits to promptly informing the client concerned, to taking action to remedy the situation and limit harm, whether or not the client was aware of it, and offer an apology when appropriate.

1.15 Problem solving/ethical dilemmas. It is not possible to cover every possible concern or situation practitioners may encounter in their work in this Code of Ethics and Conduct. In unexpected situations/dilemmas practitioners are expected to engage in thoughtful consideration of the relevant circumstances using ethical principles, seeking confidential guidance from supervisors and senior colleagues. This may involve considering which principles to prioritise. It is the practitioner's responsibility to take into account all the relevant circumstances with as much care as possible and to be accountable for decisions made.

2. Consent

2.1 Practitioners commit to respecting client's choices about whether or not to participate in any proposed intervention or suggestion.

2.2 Practitioners who work with children and young people commit to taking into account the capacity of the child/young person to give informed consent with reference to Gillick competency (1985). Practitioners take responsibility for knowing and understanding when it is appropriate to seek and obtain the consent of adults who hold parental responsibility for the child/young person, and their best interests.

2.3 Practitioners who work with vulnerable adults commit to taking into account the capacity of the vulnerable adult client to give informed consent, to carefully consider how consent is obtained, to respecting the consent given by the vulnerable adult client and to knowing and understanding when it is appropriate to involve other adults who provide care for vulnerable adult clients.

3. Equality, Diversity and Inclusion

3.1 Practitioners commit to actively engaging with the issues of diversity and equalities in all aspects of their professional lives and activities, including careful consideration of the law concerning diversity, equality and inclusion. Practitioners acknowledge that we are all vulnerable to prejudice, and accept the need to examine and question their own attitudes to differences as part of their ongoing professional development.

3.2 Practitioners commit to not allowing prejudice about gender, colour, ethnicity, age, culture, class, sexuality, religion, lifestyle, economic status, immigration status and disability to have an adverse effect on the way they relate to each individual client.

3.3 Practitioners commit to not engaging in any behaviour with clients or colleagues which is abusive or detrimental on any of the above grounds.

4. Confidentiality

4.1 Practitioners commit to respecting and protecting client confidentiality.

4.2 Practitioners are responsible for informing clients that they discuss their work with supervisors. The client's identity remains confidential to the relationship with the client.

4.3 Practitioners are responsible for informing clients that confidentiality may be broken where the safety of the client or others is at risk.

4.4 In circumstances where it is considered necessary to break confidentiality practitioners commit to informing the client concerned beforehand, when ethically appropriate and legally permitted, and to giving careful consideration to how to manage such situations, including the continued support of the client concerned.

4.5 MCPS. Practitioners who practice within MCPS commit to observing the MCPS Disclosure Policy.

4.6 In circumstances where a practitioner is required by law to be involved in any legal proceedings concerning any client, they are expected to seek clarity about the extent and nature of the confidential information required at the outset. Practitioners are responsible for ensuring that only necessary and sufficient information is disclosed, and that all other confidential information is protected throughout. Practitioners are advised to seek legal and ethical advice in these cases.

4.7 Publication of clinical material. Safeguarding the welfare, best interests and anonymity of clients is of the utmost importance, and practitioners commit to obtaining informed consent from clients. Clients, or former clients, may recognise themselves despite using pseudonyms and anonymising the work, and this possibility should be discussed with the client from whom consent is being sought. Practitioners are advised to consult with the Research Ethics Committee about future publication of clinical material where the issue of consent is unclear.

5. Fitness to practice and ongoing professional development of knowledge, skills and experience

5.1 Practitioners have a responsibility to monitor and maintain their fitness to practice at a level that enables them to provide an effective service. If their effectiveness becomes impaired for any reason, including health and personal circumstances, they should seek the advice of their supervisor, experienced colleagues or line manager and, if necessary, withdraw from practice until their fitness to practice returns.

5.2 Practitioners commit to engage in a continuing process of professional and personal development, including evaluating strengths and weaknesses, enhancing knowledge and skills, keeping up to date with relevant legislation and thoughtful self-enquiry and challenge. This includes collaborating with supervisors and colleagues, and the use of other resources, to enhance the services offered to clients.

5.3 Practitioners commit to adhering to the requirements for professional development of the Metanoia Institute, and of other organisations of which they are members.

5.4 Practitioners commit to maintaining supervision to a level which enables them to work effectively with clients. This includes careful consideration of how to manage the process of onward referrals, should this be in the best interests of the client. Students should maintain supervision, as a minimum, according to the specific requirements of their course.

5.5 Practitioners are expected to refrain from starting or continuing work with clients should they be practicing beyond the limits of their competence Practitioners commit to informing the client concerned and, where appropriate and/or requested, discuss a possible referral to another practitioner or other professional person.

5.6 Practitioners are expected to refrain from working with particular client groups and/or specific issues e.g. young people, children, sexual difficulties, unless sufficient training has been undertaken relevant to the client group and/or the specific issues concerned.

6. Medical Support

6.1 Where it is indicated, either in assessment or later, that there may be serious medical/psychiatric issues the practitioner commits to ensuring they have adequate medical back-up for the continuation of work with the client concerned, to discussing this with the client, and agreeing referral arrangements with the client. This would usually be the clients GP. In these circumstances practitioners are advised to seek supervision.

7. Conduct and Integrity

7.1 Practitioners agree to avoid engaging in behaviour that brings the professions of counselling, counselling psychology, psychotherapy and coaching, the Metanoia Institute and other organisations in the field, into disrepute. This includes refraining from making public written or verbal statements or inferences, which disparage the standing, qualifications or character of colleagues.

7.2. Practitioners agree to disclose their qualifications when requested and commit to not making false or misleading statements, verbal or written, concerning their qualifications, experience or relationship to the Metanoia Institute or their tutors or supervisors. Misrepresentation of qualifications may have serious legal implications (e.g. Misrepresentation Act and Trade Descriptions Act) and may jeopardise practitioners' present and future standing with the Metanoia Institute and other professional bodies.

7.3 Practitioners accept they share a responsibility to protect all clients from exploitation and harmful practice, and agree to challenge colleagues/other practitioners when appropriate.

7.4 Practitioners agree to co-operate in any lawful review or inquiry of their capacity to carry out their work with clients. In these situations practitioners are advised to obtain legal and ethical advice.

7.5 Practitioners agree to inform Human Resources and the Clinical Ethics Committee of the following:-

- i. criminal convictions, conditional discharges and cautions.
- ii. current investigations or sanctions brought against them by another professional body

- iii. suspensions or practice restrictions by an employer or similar body due to concerns about their practice, competence or health.
- iv. financial difficulties that could lead to bankruptcy or other debt-related formal arrangements.

In the event of any of the above being reported, consideration will be given to the implications for the practitioner's professional practice, possible risk to clients and public confidence in the profession. In some circumstances the training contract and/or membership of the Metanoia Institute may be terminated.

7.6 Practitioners agree not to commence work with, or offer to commence work with, a client who the practitioner knows is already working with another practitioner unless this is part of an openly agreed and properly managed referral arranged between the two practitioners and the client concerned.

8. Physical or Mental Health

8.1 Practitioners commit to not working with clients when their ability to provide an effective service is impaired due to physical or mental health reasons, and are advised to seek medical and other appropriate care until their fitness to practice returns.

8.2 Practitioners commit to not working with clients when their ability to provide an effective service is impaired by alcohol, drugs or medication.

8.3 Practitioners commit to giving careful consideration to how clients might be notified in the event of their sudden unavailability. This includes how clients might be informed of a practitioner's death or illness, and how a client would be supported to deal with such a situation. Practitioners commit to making arrangements for a practice executor, if appropriate.

9. Business contracts/agreements with clients

9.1 Practitioners are responsible for informing clients and potential clients of the terms and conditions of their practice including fees, termination, and cancellation. Practitioners are expected to provide information, on request, about modality, methods of working and the likely duration of the work.

9.2 Practitioners are responsible for establishing informed agreements and understandings with clients about any mutually agreed use of internet based activities/digital communications in the work together, and any consequent reasonably foreseeable risks to confidentiality. Practitioners are advised to have a written policy on internet based activities/digital communications if appropriate.

9.3 Practitioners commit to informing clients which Codes of Ethics they subscribe to, including the availability of the complaints procedure.

9.4 Practitioners are expected to provide clients with a copy of the business contract/agreement, or to ensure easy access to a copy, for example, the practitioner's professional website.

10. Records

10.1 Practitioners are responsible for keeping records appropriate to the type of service they offer to clients. Records should be written in a clear and legible way so that they can be read by clients, if requested.

10.2 Practitioners are responsible for keeping identifiable confidential records under secure conditions and for disposing of them in a secure manner to prevent unauthorised access.

10.3 Practitioners are advised to keep client records for a period of 6 years, following the ending of the work with the client.

10.4 Practitioners are responsible for complying with the requirements of Data Protection Act 1998.

11. Advertising

11.1 Practitioners commit to making accurate and honest descriptive statements about the services they offer in any advertising material and agree to refrain from making false claims or misleading statements about their experience, qualifications and the type of service they offer.

11.2 Practitioners agree to refrain from including testimonials from clients in any advertising material.

11.3 Practitioners agree to refrain from making comparative statements or any statement which implies the services being advertised are more effective than those provided by other schools, modalities, organisations or practitioners.

11.4 Students agree to indicate they are students in any advertising material and are expected to submit any advertising material to their supervisor prior to public distribution.

12. Professional Insurance

12.1 Practitioners are responsible for ensuring that they have sufficient professional indemnity insurance to cover the full range of their professional services/activities, which should include provision for legal advice and legal costs.

13. Research

13.1 Research Practitioners are required to abide by the Metanoia Institute Code of Research Ethics, and other codes of research ethics which may apply.

14. Complaints

14.1 Unethical conduct will be tested against the published Metanoia Institute's ethical codes, and other ethical codes which may apply, and against behaviour that would be seen as ethically acceptable to a group of professional peers. Unethical conduct refers to conduct which falls outside the ethical standards practitioners are expected to maintain. This may, for example, include exploitation of clients in any way, failure to maintain professional boundaries, failure to provide an adequate service, failure to work within limits of competence, breaches

of confidentiality and making false claims in regard to services offered and advertised, and/or qualifications. Unethical conduct also includes criminal convictions directly relevant to clinical practice, using behaviours which are abusive, discriminatory or detrimental to clients and colleagues, and/or undermine the trust clients and members of the public place in practitioners and are entitled to rely on.

14.2 Impaired fitness to practice will be tested against the published Metanoia Institute's ethical codes, and other ethical codes which may apply, and against competence that would be seen as ethically acceptable to a group of professional peers. Impaired fitness to practice refers to the inability of the practitioner to provide a service which is competent, safe, and meets the needs of the client to a satisfactory standard over time. This may, for example, be because of ill health, including lack of self-care and failure/inability to seek medical care or other appropriate assistance, or, because of lack of skills and knowledge, poor clinical judgement, failure to seek sufficient confidential supervision and consultation, or failure to maintain sufficient on-going professional development to keep up to date with current practice and legislation.