Clinical Ethics Handbook

Approved By

Metanoia Institute Ethics Committee

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SECTION ONE: POLICIES AND PROCEDURES

Code of Clinical Ethics and Professional Conduct[1]

GUIDANCE FOR USE

1. The purpose of the Code of Clinical Ethics and Professional Conduct is to set out ethical principles which inform practice and which practitioners commit to, and actively endeavour to maintain. All members of the Metanoia Institute are required to abide by this Code of Clinical Ethics and Professional Conduct, including all students, and all graduates who are registered as members.

2. Student members are advised to read this Code of Clinical Ethics and Professional Conduct in conjunction with the Student Handbook of their course and the guidelines relevant to particular aspects of this Code of Clinical Ethics and Professional Conduct.

3. All members are advised to familiarise themselves with the Codes of other professional bodies to which they belong e.g. BACP, BPS, UKCP, GPTI, UKATA.

4. This Code of Clinical Ethics and Professional Conduct may be taken into account by the 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, HCPC and other professional bodies. This Code of Clinical Ethics and Professional Conduct may also be taken into account when dealing with other matters pertaining to this Code.

5. Practitioners are advised that the clauses contained in this Code of Clinical Ethics and Professional Conduct are not to be taken as fully inclusive, exclusive or definitive of what may, or may not, constitute professional misconduct.

6. The term ‘service’ in this Code of Clinical Ethics and Professional Conduct applies to counselling, psychotherapy and counselling psychology.

7. The term ‘practitioner’ in this Code of Clinical Ethics and Professional Conduct applies to all members of the Metanoia Institute, except where indicated otherwise.

8. In the text of this Code of Clinical Ethics and Professional Conduct the terms “trainee” and “trainee practitioner” are used to describe students who have commenced seeing clients and are not fully qualified practitioners until final graduation. This is to avoid misunderstandings by clients and other members of the public about trainee and/or fully qualified practitioner status. All students are expected to familiarise themselves with the use of these terms, as specified in this Code of Clinical Ethics and Professional Conduct, and to apply as described in the relevant clauses.

[1] The Metanoia Institute Code of Clinical Ethics and Professional Conduct draws heavily on the work of UKCP’s Ethical Principles and Code of Professional Conduct (2009), and their content/assistance is acknowledged in the formulation of this document.

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 acknowledge their power and position of trust within the relationship with their clients and agree to actively avoid exploitation of any client, or former client, in any manner e.g. legally, financially, emotionally or sexually. Practitioners agree not to encourage or solicit gifts from clients or former clients.

1.3 Practitioners agree not to enter into sexual and romantic relationships with any of their clients. This includes behaving in a sexual manner towards any client.

1.4 Practitioners agree not to enter into sexual relationships with, or behave in a sexual manner towards, anyone they know to be closely connected to a client.

1.5 Practitioners agree to respect the gender, sexual and relationship diverse identities and consensual practices of their clients and avoid offering or providing any kind of therapy or intervention which aims to alter or suppress these identities and practices. This includes therapies or interventions which aim to alter or eliminate same sex attraction or gender identity, also known by other terms such as conversion or reparative therapy.

1.6 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.

1.7 Practitioners commit to knowing and understanding current legislation on post adoption issues.

1.8 Practitioners commit to knowing and understanding how current data protection legislation (General Data Protection Regulation, May 2018), applies to their work with clients and commit to familiarising themselves with the Institute's Data Protection Policy, IT and Telephone Acceptable Use Policy, Bring Your Own Device Acceptable Use Policy and Disclosing Data to Third Parties guidance. All four documents are closely inter-linked.

1.9 Practitioners acknowledge that their behaviour in their personal and professional lives may impact on their relationships with clients and commit to working with both potential positive and negative effects with clients, to the benefit of the client's best interests.

1.10 Practitioners commit to ensuring, as far as reasonably possible, that they manage their personal and professional social media/internet-based activities in ways that are not detrimental to the best interests of their clients. In particular, practitioners agree to respect the privacy of clients, protect client confidentiality, and preserve the boundaries of the professional relationship.

1.11 Practitioners agree to avoid entering into dual and multiple relationships with clients, including any relationship which may cause confusion for an existing client. This includes, 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(s) concerned and for protecting client confidentiality. Practitioners agree to review any such arrangements at regular intervals.

1.12 Practitioners agree to exercise reasonable care before entering into a personal or business relationship with a former client, and to carefully consider important aspects of the former relationship, such as the duration and nature of the work. 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.

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

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 It is not possible to cover every possible concern or situation practitioners may encounter in their work with clients in this Code of Clinical Ethics and Professional Conduct. In unexpected situations/dilemmas practitioners are expected to engage in thoughtful consideration of the relevant circumstances using ethical principles and seeking confidential guidance from their supervisor(s) 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 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.

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

2.3 Practitioners are expected to accurately and honestly disclose their qualifications and/or trainee status and experience to clients when requested and agree to not intentionally provide misleading information of any kind.

2.4 Trainee practitioners commit to informing clients that they are trainees at the outset of the professional relationship.

2.5 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.

2.6 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.

2.7 Practitioners commit to observing the requirements specific to their course/faculty concerning a) obtaining consent from clients for the use of clinical material, including recordings, and b) the protection of the client's identity in case studies, dissertations, academic assignments and other relevant work. In situations unconnected with course/faculty work, practitioners commit to obtaining consent from clients for the use of clinical material, including recordings, agree to inform clients how the clinical material will be used and agree to protect the identity of the client.

2.8 Protecting the welfare, best interests and anonymity of clients is of the utmost importance, and practitioners commit to obtaining consent from clients for clinical material being considered for

publication. Clients, or former clients, may recognise themselves in published clinical material 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 Ethics Committee about future publication of clinical material where the issue of consent is unclear.

3. Equality, Diversity and Inclusion

3.1 Practitioners accept that no-one is immune from the experience of prejudice and acknowledge the need to non-defensively explore and question their own attitudes to differences in relation to their working practices, as part of their on-going personal and professional development.

3.2 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 current legislation.

3.3 Practitioners commit to actively preventing prejudice about gender, colour, race, age, sexuality, lifestyle, social status, economic status, immigration status, disability, and cultural or religious beliefs from having an adverse effect on the way they relate to each individual client.

3.4 Practitioners commit to actively desist from using any behaviours that are abusive or detrimental to any client, to anyone who belongs to the Metanoia Institute community or to members of the wider community on the above grounds.

4. Confidentiality

4.1 Practitioners commit to respecting, protecting and preserving client confidentiality.

4.2 Practitioners commit to protecting sensitive and personally identifiable information obtained in the course of their work as counsellors, psychotherapists or counselling psychologists.

4.3 Practitioners agree to inform clients that they discuss their work with supervisors. The client's identity remains confidential to the relationship with the client.

4.4 Practitioners agree to inform clients that confidentiality may be broken where the safety of the client or others is at risk.

4.5 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.

4.6 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. Trainee practitioners agree to inform, and seek guidance from, their supervisor(s) in these situations.

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

5. Qualifications, knowledge, skills and experience

5.1 Practitioners agree to disclose their qualifications and/or trainee status when requested and commit to not making false or misleading statements concerning their qualifications and/or trainee status, experience or relationship to the Metanoia Institute, or their tutors and supervisors. Members of the public must be reasonably informed about the relevance of qualifications to the practise of counselling/psychotherapy/counselling psychology, including in any published material.

5.2 Practitioners agree not to claim or imply qualifications they do not possess.

5.3 Practitioners commit to engaging 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 tutors, supervisors and senior colleagues, as applicable, and the use of other resources, to enhance the services offered to clients.

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. Trainee practitioners should maintain supervision, as a minimum, according to the specific requirements of their course.

5.5 Should it become clear, either in the initial assessment or later, that the practitioner is practising beyond his or her competence, the practitioner commits to informing the client and to arranging an onward referral to another practitioner or other professional, as appropriate, and as requested/agreed with the client.

5.6 Practitioners agree not to commence work or offer to commence work with a client who the practitioner knows is already working, as a client, with another counsellor, psychotherapist, psychologist, psychiatrist or other professionally qualified person unless a) this is part of an openly agreed arrangement by all concerned e.g. when a client is in individual therapy with one practitioner and engaging in couples therapy with another practitioner, or b) is a properly managed referral arranged between the two practitioners/professionally qualified persons and the client concerned.

5.7 Where it is indicated, either in assessment or later, that there may be serious medical/psychiatric issues, practitioners commit 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 client's GP. In these circumstances practitioners are advised to seek supervision.

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

6. Professional Conduct

6.1 Practitioners agree to avoid engaging in behaviour that brings the professions of counselling, psychotherapy and counselling psychology, the Metanoia Institute and other organisations in the field, into disrepute. This includes refraining from derogatory statements, implications and/or innuendos that disparage the standing, qualifications or character of colleagues, tutors, supervisors and fellow trainee practitioners in statements, including public statements, whether written, verbal or any other communication medium.

6.2. Practitioners acknowledge that their behaviour in their professional and personal lives may positively and/or negatively affect the way they are experienced by a client and commit to critically examining the impact this may have on the relationship with the client, with priority on preserving the client's best interests.

6.3 Practitioners agree to co-operate with the Ethics Committee 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.

6.4 Practitioners agree to co-operate with the Ethics Committee on any matters pertaining to the Code of Ethics and Professional Conduct.

6.5 Practitioners agree to inform Human Resources and the Ethics Committee of the following:

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

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

6.6 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. Exploitation and Harmful Practice by Other Practitioners

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

8. Physical or Mental Health

8.1 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.

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

8.3 Practitioners, particularly those in private practice, 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. Fees, Contracts and Arrangements with Clients

9.1 Practitioners commit to charging fees appropriate to their qualifications and/or trainee status, and level of experience. Trainee practitioners agree to discuss fees with their course tutor(s) and/or supervisor(s).

9.2. Practitioners agree to inform clients, and potential clients, of the terms and conditions of their practice including fees, confidentiality, termination, and cancellation at the outset, and are advised to provide clients with a written copy of this agreement.

9.3 Practitioners agree to provide information, on request, about modality, methods of working and the likely duration of the work.

9.4 Practitioners agree to establish informed agreements with clients about any mutually agreed use of internet based activities and/or digital communications in the work together, and to discuss with clients the management of risks, as appropriate. Practitioners are advised to have a written policy on internet based activities/digital communications included in their written contracts with clients and/or professional website.

9.5 Practitioners commit to stating to which Code(s) of Ethics and Complaints/Professional Conduct Procedure(s) they subscribe either in their written contract/agreement with clients or in a form which is easily accessible for clients e.g. on their professional website.

9.6. Practitioners are responsible for ensuring that their working accommodation and conditions are suitable for the practise of counselling, psychotherapy or counselling psychology.

10. Records

10.1 Practitioners are responsible for keeping records appropriate to the type of service they offer to clients, and in accordance with the requirements of placements or employing organisations, if applicable. 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. Practitioners are responsible for observing the requirements of placements or employing organisations concerning the security and disposal of confidential records, if applicable.

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

11. Advertising Material

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/or trainee status, and the type of service they offer. Practitioners agree not to claim or imply qualifications they do not possess. Misrepresentation of qualifications and/or trainee status, and experience may have serious legal implications under current legislation governing standards in commercial advertising and may jeopardise practitioners' present and future standing with the Metanoia Institute and other professional bodies.

11.2 Members of the public must be reasonably informed about the relevance of qualifications to the practice of counselling/psychotherapy/counselling psychology.

11.3 Practitioners agree to refrain from soliciting or using testimonials from clients, or former clients, for the purposes of advertising.

11.4 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.

11.5 Trainee practitioners agree to review any advertising material with their course tutor(s) and/or supervisor(s) prior to public distribution/publication, and to engage in subsequent reviews, as appropriate.

12. Professional Insurance

12.1 Practitioners commit to ensuring that they have sufficient professional indemnity insurance of at least £1 million to cover the full range of their professional services/activities, which should include provision for legal advice and legal costs, and cover for any claims made against the owner of the premises in which the practitioner works.

12.2 Practitioners are responsible for ensuring that their work is sufficiently covered by their placement's or employer's indemnity insurance, if applicable.

12.3 Practitioners who are considering retirement/sabbaticals are advised to contact their professional insurers for advice on appropriate cover.

13. Complaints

13.1 Unethical conduct will be tested against the published Metanoia Institute's ethical codes 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 regarding 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.

13.3 Impaired fitness to practice will be tested against the published Metanoia Institute's ethical codes 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.

Code of Ethics for Tutors, Interns, and Visiting Tutors in Counselling, Psychotherapy and Counselling Psychology[2]

INTRODUCTION

The purpose of this Code of Ethics is to establish and maintain standards for Tutors at the Metanoia Institute and to inform and protect members of the public seeking training in counselling and psychotherapy.

For the purposes of this Code the word 'Tutor' also applies to all Tutors and Interns. Interns do not have the same responsibilities as Tutors. Nevertheless, they are expected to conduct themselves in a manner appropriate to their professional role. This Code of Ethics also applies to Visiting Tutors.

Tutors shall be aware that the clauses below, and in other Metanoia Institute Codes of Ethics and/or Conduct, are not to be taken as fully inclusive, exclusive or definitive of what may or may not constitute professional misconduct. This Code should be read in conjunction with the Metanoia Institute Code of Clinical Ethics and Conduct.

CODE

1. a) All Tutors are expected to conduct themselves in their training activities and associated responsibilities in ways which do not undermine public confidence in: their role as Tutors, the work of other Tutors, the Metanoia Institute, and professional and academic organisations to which Metanoia Institute courses are connected and accountable.
b) Tutors are required to exercise their professional judgement and discretion when dealing with students from other Metanoia Institute courses for whom they do not have direct responsibility. In these deliberations the interests of the students and their continued professional development, and the professional responsibilities that all Tutors assume under the Code(s) of Ethics take precedence.
c) Tutors are reminded that the training status of students/trainees continues until graduation and/or formal withdrawal from the course.

2. Ethical standards comprise such values as integrity, impartiality and respect. Anti-discriminatory practice should underpin these basic values of counselling and psychotherapy and other professional activities. Tutors acknowledge the value and dignity of all humanity, regardless of such differences as gender, race, age, culture, class, sexuality, religion and disability.

3. a) Tutors are responsible for establishing and maintaining appropriate boundaries between themselves and students, so that working relationships are not confused with other relationships. In general, the provision of training should be separate from the provision of counselling and psychotherapy.
b) Tutors must not accept as clients students with whom they are actively involved in a training role. Former students must not be accepted as clients until a period of time has elapsed for reflection and after consultation with a supervisor.

4. a) Tutors must not exploit students financially, sexually, emotionally, or in any other way.
b) Sexual or romantic relationships with students are unethical.

5. a) Tutors are expected to commit themselves to their continuing professional development, and to monitor and evaluate the limits of their competence.
b) Tutors have a responsibility to themselves, their students and to the Metanoia Institute, to maintain their own effectiveness, resilience and ability to work with students. They are expected to monitor their own personal functioning and to seek help and/or withdraw from their role as Tutor, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

[2] The Metanoia Institute Code of Ethics for Tutors Interns, and Visiting Tutors in Counselling, Psychotherapy and Counselling Psychology draws heavily on the work of BACP and their content/assistance is acknowledged in the formulation of this document.

6. a) Tutors are responsible for negotiating a confidentiality agreement with any training group they teach and for making explicit the limits of confidentiality between themselves, other staff members, the Metanoia Institute, and the students. Tutors are expected to conduct discussions about students in respectful and purposeful manner.
b) In those instances where a Tutor believes it necessary to break confidentiality they will, wherever possible, discuss this in advance with the student concerned, making clear their reasons for this course of action, and seeking their co-operation. Confidentiality agreements may be broken where there are serious safety, legal or ethical concerns.
c) The anonymity of anyone whose material is used for the purposes of publication, teaching and seminars is of paramount importance.
d) Tutors who are Members of the Metanoia Institute, who wish to undertake academic and/or clinical research and/or publication of clinical material involving staff, other Members or clinic clients of the Metanoia Institute are expected to observe the Metanoia Institute Code of Research Ethics and relevant clauses in the Metanoia Institute Code of Clinical Ethics and Conduct relating to publication.

7. Tutors are required to report any current investigation or sanctions brought against them by another professional body to the Metanoia Ethics Committee and to Human Resources.

CODE OF ETHICS FOR SUPERVISORS IN COUNSELLING, PSYCHOTHERAPY AND COUNSELLING PSYCHOLOGY[3]

INTRODUCTION

The purpose of this Code of Ethics is to establish and maintain standards for Supervisors at Metanoia Institute, and to inform and protect counsellors/counselling psychologists/psychotherapists seeking supervision. This Code should be read in conjunction with the Metanoia Institute Code of Clinical Ethics and Conduct.

Supervision is essential to how practitioners sustain good practice throughout their working life. Supervision provides practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work as effectively, safely and ethically as possible. Supervision also sustains the personal resourcefulness required to undertake this work.
Good supervision is much more than case management. It includes working in depth on the relationship between practitioner and client in order to work towards desired outcomes and positive effects. This requires adequate levels of privacy, safety and containment for the supervisee to undertake this work. Therefore, a substantial part or preferably all of supervision needs to be independent of line management.
Supervision requires additional skills and knowledge to those used for providing services directly to clients. Therefore, supervisors require adequate levels of expertise acquired through training and/or experience. Supervisors will also ensure that they work with appropriate professional support and their own supervision.
All supervisors will model high levels of good practice for the work they supervise, particularly with regard to expected levels of competence and professionalism, relationship building, the management of personal boundaries, any dual relationships, conflicts of interest and avoiding exploitation.
Supervisors shall be aware that the clauses below, and in other Metanoia Institute Codes of Ethics and/or Conduct, are not to be taken as fully inclusive, exclusive or definitive as to what may or may not constitute professional misconduct.

CODE

1.

a) All Supervisors are expected to conduct themselves in their supervisory activities and associated responsibilities in ways which do not undermine public confidence in: their role as Supervisors, the work of other Supervisors, the Metanoia Institute, and professional and academic organisations to which Metanoia Institute courses are connected and accountable.

[3] The Metanoia Institute Code of Ethics for Supervisors in Counselling, Psychotherapy and Psychology Counselling draws heavily on the work of BACP and their content/assistance is acknowledged in the formulation of this document.

b) The primary purpose of supervision is to ensure that the supervisee is addressing the needs of the client.

c) Supervisors are reminded that the training status of Metanoia Institute students/trainees continues until graduation and/or formal withdrawal from the course.

2. Ethical standards comprise such values as integrity, impartiality and respect. Anti-discriminatory practice should underpin these basic values of counselling and psychotherapy, and other professional activities. Supervisors acknowledge the value and dignity of all humanity, regardless of such differences as gender, race, age, culture, class, sexuality, religion and disability.

3. Supervisors are responsible for establishing and maintaining appropriate boundaries between themselves and supervisees, so that working relationships are not confused with other relationships. The provision of supervision should be separate from the provision of counselling and psychotherapy.

4.

a) Supervisors must not exploit supervisees financially, sexually, emotionally, or in any other way.

b) Sexual relationships with supervisees are unethical.

5.

a) Supervisors are expected to commit themselves to their continuing professional development, and to monitor and evaluate the limits of their competence.

b) Supervisors have a responsibility to themselves, their supervisees and the Metanoia Institute, to maintain their own effectiveness, resilience, and ability to work with supervisees. They are expected to monitor their own personal functioning and to seek help and/or withdraw from their role as Supervisor, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

6.

a) All communications concerning clients made in the context of supervision will be consistent with confidentiality agreements with the clients concerned and compatible with any applicable agency policy.

b) Careful consideration will be given to the undertaking of key responsibilities for clients and how these responsibilities are allocated between the supervisor, supervisee and any line manager or others with responsibilities for the service provided. Consideration needs to be given to how any of these arrangements and responsibilities will be communicated to clients in ways that are supportive of and appropriate to the work being undertaken. These arrangements will usually be reviewed at least once a year, or more frequently if required.

c) Trainee supervision will require the supervisor to collaborate with Metanoia Institute and placement providers in order to ensure that the trainee's work with clients satisfies professional standards. The

arrangements for collaboration will usually be agreed and discussed with the trainee in advance of working with clients.
d) When supervising qualified and/or experienced practitioners, the weight of responsibility for ensuring that the supervisee's work meets professional standards will primarily rest with the supervisee.
e) As a general principle, Supervisors must maintain confidentiality with regard to information about their supervisees and their supervisees' clients.

f) In those instances where a supervisor believes it necessary to break confidentiality, either in relation to the supervisees' practice or client issues, they will, wherever possible, discuss this in advance with the supervisee concerned, making clear their reasons for this course of action and seeking the cooperation of the supervisee. Confidentiality agreements may be broken where there are serious safety, legal or ethical concerns.

g) The anonymity of anyone whose material is used for the purposes of publication, teaching and seminars is of paramount importance.

h) Supervisors who are members of the Metanoia Institute who wish to undertake academic and/or clinical research and/or publication of clinical material involving staff, other Members or clinic clients agree to observe the Metanoia Code of Research Ethics and the relevant clauses in the Metanoia Institute Code of Clinical Ethics and Conduct relating to publication.

7.
a) Supervisors and supervisees will periodically consider how responsibility for work with clients is implemented in practice and how any difficulties or concerns are being addressed.
b) The application of this *code* to the work with clients will be discussed in supervision regularly and not less than once a year.
c) Supervisors will conscientiously consider the application of the law concerning supervision to their role and responsibilities.
d) Supervisors will keep accurate records of key points discussed in supervision.
8.
a) Supervisees have a responsibility to be open and honest in supervision and to draw attention to any significant difficulties or challenges that they may be facing in their work with clients. Supervisors are responsible for providing opportunities for their supervisees to discuss any of their practice-related difficulties without blame or unjustified criticism and, when appropriate, to support their supervisees in taking positive actions to resolve difficulties.
b) Supervisors are required to report any current investigation or sanctions brought against them by another professional body to the Metanoia Ethics Committee and to Human Resources.

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PATHWAYS TO DEALING WITH CONCERNS AND COMPLAINTS

Alternative Dispute Resolution and Complaints and Professional Conduct Procedure

INTRODUCTION

Both the ADR process and the CPCP are based on the important principles of natural justice which means that both client and practitioner have an equal right to be heard and to be treated fairly, without bias.

When clients have a concern or complaint about a practitioner there are two possible pathways for addressing the issues:

a) the informal Alternative Dispute Resolution (ADR) process; and
b) the formal Complaints and Professional Conduct Procedure (CPCP).

The Ethics Committee will indicate which pathway may be appropriate following the receipt of a written concern or complaint, providing the concern or complaint meets the criteria for acceptance specified in the CPCP. ADR allows the Institute to use resources more effectively when it may be clear that the concern or complaint could be resolved by the use of options available in this informal process, providing that both parties agree.

Before raising a concern or complaint we always recommend that clients attempt to resolve the issue directly with the practitioner first, unless it is clearly not appropriate to do so.

The Ethics Committee can be contacted by email or phone for confidential advice, and the office at 13, North Common Road, Ealing, London, W5 2QB will provide contact details on request.

ALTERNATIVE DISPUTE RESOLUTION

INTRODUCTION

The purpose of this informal ADR process is to provide a fair and transparent way of resolving concerns and complaints when it is not necessary, or appropriate, to use the formal Complaints and Professional Conduct Procedure throughout, and when both parties agree to participate. ADR also avoids the stress and emotional cost of being involved in the formal procedures.

There are several options under this process, including:

- Telephone calls
- Letters or emails
- Facilitated meetings

The wishes of both client and practitioner will be taken into account when considering which options may be appropriate.

Alternative Dispute Resolution (ADR) is an informal process designed to address and resolve concerns and complaints in a fair and transparent manner by using mediated/ facilitated meetings and other options in a way that can be closely matched to the particular nature of the concern or complaint, and the differences and misunderstandings that may have arisen between client and practitioner. Meetings and other options are facilitated by senior members of the Institute or senior members of another professional organisation.

When mediated/facilitated meetings are used both parties have the opportunity to be fully heard, to resolve differences and misunderstandings between them, and to reach mutual agreement about practical solutions. The practitioner also has the opportunity to apologise directly to the client about mistakes they may have made. The meeting is concluded by the client and practitioner making a written agreement.

ADR avoids the stress and emotional cost of being involved in the formal CPCP in circumstances where it is not necessary to use formal procedures throughout. Formal procedures may be halted in the earlier stages to allow both client and practitioner the opportunity to resolve the issues which have arisen between them using ADR, if both parties agree. ADR is not used when the concern or complaint indicates that there are public safety issues.

PROCESS

Confidentiality
All options under this process are confidential to the client and practitioner concerned, and those who have a role in this process.

Information about mediated/facilitated meetings
Mediated/facilitated meetings involve a collaborative, decision making process where both the client and practitioner have the opportunity to say what they think and feel about what has happened between them, identify the difficulties between them, consider options and attempt to reach a mutually agreed outcome, with the help of a neutral facilitator.
The role of the facilitator is to help both the client and practitioner communicate with each other, and help them identify and clarify issues, consider possible solutions and negotiate their own agreement.
Arrangements for dates, times and venue with both the client and practitioner will be confirmed with all parties at least two weeks in advance.

The mediated/facilitated meeting process
Usually the facilitator will meet both people separately to ask them to explain how they perceive what has happened, and to ask them what suggestions they have for resolving the issues. If both parties agree to meet then:

- The facilitator will explain the time structure, and agree ground rules e.g. listening without interrupting.

- Each person has the opportunity to say how the difficulties have affected them, and the other person has the opportunity to respond. The facilitator will try to make sure each person understands what the other person has said.

- The facilitator will help the client and practitioner identify the issues that need to be resolved, help them both consider possible options for resolving the issues, and help them to reach an agreement. Some agreements may also be written down in draft form.

- Following the meeting, and where a written agreement is being used, the Head of Faculty and/or a member of the Ethics Committee will consider the draft of any concluding agreement. If amendments are suggested both parties will receive an amended draft agreement with a clear statement giving the reason for any amendment(s). Both parties may then sign the agreement.

Other information

- Possibilities for resolution using the ADR may be offered, if appropriate, after the written concern or complaint is received by the Ethics Committee for consideration, providing the concern or complaint meets the acceptance criteria specified in the CPCP, and providing both parties agree. In these circumstances the formal procedures will be put on hold.

- If satisfactory resolution is unable to be achieved using ADR the matter will be dealt with under the formal CPCP.

- In the unlikely event that any issues of public safety come to light at any stage in the ADR process, the process will be terminated and the matter will be dealt with under the CPCP.

- Both parties are required to refrain from using abusive behaviour towards anyone, including members of the Institute, staff and visitors to the Institute's premises. This includes contact by any other communication medium. Failure to observe this requirement may result in the termination of the ADR process or action under the Institute's Conduct and Discipline Policies.

COMPLAINTS AND PROFESSIONAL CONDUCT PROCEDURE[4]

INTRODUCTION

Any client/therapist complaints against a qualified and registered UKCP member in their capacity as a psychotherapist / psychotherapeutic counsellor, are not considered through this procedure and should be directed to the UKCP Complaints and Conduct Process (CCP).
To submit a complaint against a registered UKCP member and to begin the Complaints and Conduct Process, a complaint must be submitted to the complaints and conduct team at UKCP's office (email: complaints@ukcp.org.uk) in writing, signed by the Complainant, identifying the Registrant and normally using the complaints form available from the UKCP office and on its website.
Guidance on making a complaint against a Registered UKCP member can be found here:
www.psychotherapy.org.uk/media/aqfma1ul/making-a-complaint-august-2021.pdf
Guidance about the UKCP CCP for Therapists can be found:
https://www.psychotherapy.org.uk/media/ad3hy4m2/guidance-for-psychotherapists.pdf

The purpose of the Metanoia Institute's Metanoia Institute Complaints and Professional Conduct Procedure is to provide a means of examining a concern or complaint about alleged breaches in the Metanoia Institute's Code of Clinical Ethics and Professional Conduct, regarding a student (automatically a member of the Institute) or former student who is, or was at the time of the event(s), a member of the Institute, acting in a professional capacity as a counsellor, psychotherapist, counselling psychologist, or coach. Unless otherwise stated this student or former student is referred to in this document as 'member'.

Written concerns / complaints are first assessed by the Metanoia Ethics Committee, who is responsible for outlining and implementing this procedure and reports to the Executive Committee of the Institute.

The procedure herein is used to deal with concerns / complaints deemed to contain allegations of serious, or very serious, member infringements of the Institute's ethical codes. It provides guidelines for making decisions regarding a member's fitness to practice.

Unethical conduct will be tested against the published Metanoia Institute's ethical codes 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, or 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 otherwise 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.

Impaired fitness to practice will be tested against the published Metanoia Institute's ethical codes and against competence that would be seen as satisfactory 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 ongoing professional development to keep up to date with current practice and legislation.

This procedure should be read in conjunction with the Metanoia Institute's Code of Clinical Ethics and Professional Conduct, and might be further clarified by consultation of the procedures' flowcharts ('At a glance' and 'Detailed').

[4] The Metanoia Institute Ethics Committee acknowledges and appreciates the input and assistance of John Waterston in the drafting of this procedure.

The aim of this process is to protect individual members of the public, and maintain public confidence in the professions of counselling, psychotherapy, counselling psychology, and coaching, and the reputation of the Institute and its students.

Abbreviations: ADR, Alternative Dispute Resolution; **BACP**, British Association for Counselling and Psychotherapy; **BPS**, British Psychological Society; **CPCP**, Complaints and Professional Conduct Procedure; **EAP**, Enquiry and Assessment Panel; **HCPC**, Health and Care Professions Council; **MEC**, Metanoia Ethics Committee; **UKCP**, United Kingdom Council for Psychotherapy

PROCEDURE

1. The scope of the Metanoia Institute Complaints and Professional Conduct Procedure (CPCP) is limited and can only operate within the remit allowed by the Institute's Code of Clinical of Ethics and Professional Conduct, and by the fitness to practice test.

1.1. The Metanoia Ethics Committee (MEC) will consider any concern / complaint regarding members of the Institute, presented in writing, which demonstrates evidence calling into question the member's professional conduct and may be related to any of the following:

1.1.1. Misconduct;

1.1.2. Professional Competence;

1.1.3. Conviction or caution in the UK for a criminal offence (including court martial) or conviction elsewhere for an offence that if committed in the UK would constitute a criminal offence, and which is relevant to a Registrant's professional practice;

1.1.4. Physical or mental ill-health relevant to a Registrant's professional practice;

1.1.5. A decision by a UK body responsible for the regulation of a health, social care or other relevant profession, or by an employer, to the effect that it calls into question a member's suitability to be on the register of a professional body, such as the British Association for Counselling and Psychotherapy (BACP), British Psychological Society (BPS), Health and Care Professions Council (HCPC), or United Kingdom Council for Psychotherapy (UKCP).

2. A concern / complaint regarding members of the Metanoia Institute may be raised by individuals or organisations.

2.1. The Metanoia Institute will consider any concern / complaint regarding members of the Institute, by any of the following:

2.1.1. A member of the public who has been a recipient of a member's services in their role as counsellor, psychotherapist, counselling psychologist, or coach;

2.1.2. Third parties in circumstances where the recipient of the student member's service is a minor or an adult lacking capacity, represented by a legal guardian or appropriately authorised adult, respectively;

2.1.3. Third parties where the recipient of the member's services is unable to represent themselves, in which case both written permission from the recipient of the member's services and a written explanation addressing the nature of the inability are required;

2.1.4. Third parties who have been directly affected by the behaviour of the member, and where sufficient interest can be demonstrated;

2.1.5. Professional organisations, including student placements;

2.1.6. The Police or other statutory body demonstrating a sufficient interest in the member's fitness to practice;

2.1.7. The Executive of the Metanoia Institute.

3. There are boundaries around the members whose cases can be pursued via this CPCP.

3.1. Concerns / complaints submitted to the Metanoia Institute may be brought in respect of the following categories of membership:

3.1.1. The student member or graduate member named in the concern / complaint must have been a student member at the Institute at the time the events described took place;

3.1.2. Concerns / complaints about graduate members cannot be dealt with under this procedure unless the graduate member was a student member at the Institute at the time the events described took place;

3.1.3. Concerns / complaints about former student members who are no longer members of the Institute will be kept on file, and other organisations may be informed that there is a concern / complaint outstanding if legally required or if deemed in the public interest to share the concern/complaint.

3.2. Should the member of concern / complained against fail to renew their membership and/or withdraws from the course following receipt of a written complaint, the Institute may continue the case if it is in the public interest to do so. This clause will also apply where the member of concern / complained about initiates voluntary erasure (voluntary termination of membership and/or disclosure of intention to non-compliance with the complaints procedure) on receipt of the details of a complaint.

4. There are additional conditions for concerns / complaints that will be pursued via this CPCP.

4.1. Anonymous complaints will not be accepted, except in clearly defined exceptional circumstances where the information received can be independently substantiated and verified. Exceptional circumstances include cases where public safety is at risk or where anonymity is critical to the protection of vulnerable individuals.

4.1.1. Concerns / complaints will not be accepted under this procedure should the complainant not give permission to disclose their identity to the member complained against;

4.1.2. In exceptions of anonymity, complaints will not be accepted under this procedure should the complainant decline to submit a signed Release of Confidential Information form.

4.2. Should the complainant withdraw their concern / complaint at any time, the Institute may continue the case if it is in the public interest to do so.

4.3. Where a concern / complaint based substantially on the same events and behaviours has already been considered by another professional organisation and not upheld, it will not be accepted.

4.4. Should a complainant be referred to another organisation no inference whatsoever should be drawn as to the validity of the concern or complaint.

4.5. A concern / complaint must be submitted within a reasonable time of the alleged behaviour taking place.

4.5.1. Concerns / complaints must be sent to the Chair of the MEC as near as possible to the time that the events described in the complaint took place, and no later than three years from the time of the events described, or three years from the date on which any Complainant became aware of the conduct, whichever is later;

4.5.2. Except in exceptional circumstances the Institute will not deal with concerns / complaints regarding events that took place outside the three-year time limit. Exceptions are if it is in the public interest to do so.

5. There are conditions for the form of submission of a concern / complaint. In all events, if necessary, a Case Officer (see clause 6) may be consulted for assistance by any party in order to comply with these.

5.1. Concerns / complaints must be in writing. This can be emailed to the Chair of the MEC or marked “Private and Confidential” and sent by recorded delivery to the Chair of the MEC, at the Metanoia Institute office at 13, North Common Road, Ealing, London, W5 2QB. Written acknowledgement will be sent out within one week of receipt, outside of usual holiday periods.

5.2. In submitting the concern / complaint in writing the MEC would ask that the complainant outline what efforts, if any, have been made to resolve the matter prior to formally raising the concern / complaint. It would also be helpful if the complainant could state why such means did not resolve the matter to their satisfaction.

5.3. The concern / complaint must include a clear and detailed account of the events and behaviour being complained about, including dates, and include all supporting evidence. This may include reference to the Institute's Code of Clinical Ethics and Professional Conduct or the equivalent Codes in force at the time the events took place.

5.4. The member complained against is named, is a current student member of the Institute, or was a student member of the Institute at time of the events described in the complaint.

5.5. The complaint is dated and signed and includes a signed and dated Release of Confidential Information form which is available from the administrator's office.

5.6. The complaint is within the remit of the Institute's Complaints and Professional Conduct Procedure.

5.7. Should the complaint not satisfy the conditions for acceptance the Chair of the MEC will write to the complainant stating the reason(s) why the complaint cannot be considered.

6. Upon receipt of a concern / complaint, the Chair of the MEC or the Executive Committee of the Institute will appoint a Case Officer. The Case Officer will be either the Chair of the MEC or any other senior member of the Metanoia Institute, including members of the MEC. The Case Officer must be appointed within seven working days of complaint receipt.

6.1. In considering the concern / complaint, due regard will be paid to the Institute's Code of Clinical Ethics and Professional Conduct and the relevant parts of the Code will be identified and highlighted by the Case Officer. Nonetheless, the Case Officer will not take an active part in the investigation of the concern / complaint, nor the deliberations surrounding it. Their role is to ensure that due process is followed and to be available for consultation by all parties on questions of procedure.

6.2. On receipt of the written concern / complaint the Chair of the MEC will inform the Head of Programme of the relevant course of its existence. They will not at this stage inform the Head of Faculty of its content unless immediate and credible harm would be likely in the event of not passing on the details.

6.3. The member complained against will be supplied with a copy of the concern / complaint, all supporting evidence, and details of the procedure to follow. They are not required to respond at this stage.

7. There are three levels of procedures foreseen by this CPCP (clauses 8-10)

1. **Level 1**: Informal ADR
2. **Level 2**: EAP Review for Less Serious Matters
3. **Level 3**: Adjudication for Serious Matters

The Case Officer determines the appropriate level for each complaint.

8. **Level 1**: This procedure allows for the use of an informal Alternative Dispute Resolution (ADR) to resolve concerns / complaints when both parties agree to participate, providing the content of the issue does not indicate that the respondent may not be fit to practice and/or there are public safety issues. This process is termed a Level 1 procedure.

8.1. In cases where a recommendation is made to use the ADR, and both parties accept the recommendation, the Case Officer or Chair of the MEC will formally suspend other steps of this procedure.

8.2. The ADR consists of one or more meetings between the complainant and the member mediated by facilitator (usually a member of the MEC) appointed by the Case Officer.

8.3. Should an ADR not be deemed appropriate, or resolution not have been achieved using the ADR process, the Case Officer will assess whether the matter escalates to Level 2 (EAP) or

Level 3 (Adjudication). Transition between levels will depend on the seriousness of the matter, availability of evidence and the potential risk to public safety.

9. **Level 2** procedures deal with concerns / complaints about less serious matters, as judged by the Case Officer.

9.1. Level 2 procedures start with the appointment of an Enquiry and Assessment Panel (EAP) within 14 days of the receipt of the concern / complaint, constituted by three members: at least one member of the MEC, a Senior Faculty of the Metanoia Institute representing the member's modality, and another member of the Institute not previously involved with the complainant (termed 'external member').

9.2. The EAP will begin to consider the complaint within 21 days of its receipt and will carry out enquiries to establish as far as possible what happened between the client and practitioner.

9.3. The member will be asked to respond to the complaint within 28 days of receipt of the request and the complainant will receive a copy of the response.

9.4. Further information may be requested from the complainant and/or the member complained against and copies will be supplied to the other party. Further information required must be provided by either party within 14 days of request.

9.5. The complainant and/or the member complained against may be invited for interview.

9.6. The results of the enquiries are then assessed using the 'realistic' prospect' test, which consists of consideration of whether there is a realistic prospect of being able to prove the allegations against the member, with sufficient evidence of unethical conduct and/or of infringements that are of a seriousness that warrants the case to be referred for an Adjudication Panel to decide (Level 3, clause 10).

9.7. If the realistic prospect test has not been met, the complainant has the opportunity to resubmit the complaint once more with any additional evidence that may satisfy it.

9.8. There could be points early on in the procedure when both the client and the practitioner may be offered an opportunity to resolve the concern / complaint using ADR (Level 1, clause 8). That being the case, the formal procedure is put on hold.

9.9. Some concerns / complaints may be dismissed by the EAP because there is insufficient evidence to show that the practitioner has done anything, or omitted anything, which infringes the Institutes ethical codes.

9.10. Should the EAP uphold the concern / complaint, yet the practitioner takes full and genuine responsibility for what happened before an Adjudication Panel is convened, addresses it, undertakes not to repeat it, and agrees to accept the likely sanctions the EAP may impose, the case may not go to adjudication.

9.10.1. EAP sanctions are usually educational, such as further training in a specific area.

9.11. Where the EAP consider the concern / complaint to be of such a serious nature that there is a reasonable prospect of conditions of practice, such as suspension or termination of membership being imposed, they may recommend immediate referral to an Adjudication Panel (Level 3, clause 10).

9.12. Where the realistic prospect test has been met and the matter has been referred to an Adjudication Panel, the complainant and member will both be notified in writing.

9.13. The decision to refer to an Adjudication Panel does not indicate a final decision of guilt or wrong doing, but rather means that it has been decided that the matter needs to be adjudicated upon by an independent panel.

9.14. The EAP will write a report of the findings, a copy of which will be sent to both parties as well as to the appropriate Head of Faculty, who will decide how successful compliance will be achieved and monitored . All reports will be distributed and delivered within 21 days of the conclusion of the EAP's deliberations.

9.15. This procedure allows for an Appeal by either party of the findings and consequences of the EAP (clause 11).

10. **Level 3** procedures deal with more serious concerns / complaints, as judged by the Case Officer.

10.1. Level 3 procedures start with the appointment by the Chair of the MEC of an Adjudication Panel, constituted by at least three persons including one person representing the modality of the student member complained against, and one 'lay person', meaning a non-clinician (e.g., a trustee or officer of the Institute)

10.2. The purpose of the Adjudication Panel is to either review the findings and procedures of the EAP, seeking further evidence and clarifications if necessary, or to open its own investigation.

10.3. The Adjudication Panel investigation includes calling a Hearing, to which both parties are invited and must attend, with the client having the possibility of being represented by a senior member of the Institute, or an external professional person, and the practitioner having the possibility of being represented by an advisor or a legally qualified person, at the member's cost. The Adjudication Panel also has the right to invite a legally qualified person to be present at the Hearing to advise them.

10.3.1. Both parties will be notified not less than 28 days in advance of the date, time, and venue for the Hearing;

10.3.2. Written submissions from both parties must be received by the Chair of the AP not less than 14 days before the Hearing, who will circulate them to members of the Adjudication Panel and the other party;

10.3.3. If either or both parties wish to call witnesses, they must notify the Chair of the AP in writing not less than 28 days prior to the Hearing. Only witnesses who supplied written statements in the original submissions can be called. The Chair of the Adjudication Panel will decide whether the presence of any witnesses is necessary not less than 7 days prior to the Hearing. Witnesses may be questioned by the Panel and by either party to the complaint, or those representing them;

10.3.4. The Adjudication Panel will receive all relevant information / documentation not less than 14 days prior to the Hearing;

10.3.5. If either the complainant or the member complained against, or their representatives, fails or refuses to attend, the Chair of the Adjudication Panel may decide to proceed with the Hearing or adjourn it to a later date;

10.3.6. If the member complained against, or their representative, fails to attend without reasonable cause they may be liable to termination of the training contract and/or of membership of the Metanoia Institute

10.4. During the Hearing the Adjudication Panel will ask questions of the client and the practitioner, or those representing them, and may also ask questions of any witnesses of either party if its Chair has asked them to attend.

10.5. Should new evidence be presented at the Hearing, the Chair of the Adjudication Panel will decide whether to adjourn the Hearing to a later date, or to continue with the Hearing.

10.6. The Adjudication Panel will examine all the written and oral evidence presented by both parties and decide whether the complaint is upheld or not. Their decision will be made within 7 days of the Hearing.

10.7. Should there be insufficient evidence of unethical conduct and/or impaired fitness to practice, the Adjudication Panel will dismiss the concern / complaint and inform both parties of the decision.

10.7.1. A statement of reasons why the complaint has not been upheld will be provided to both parties.

10.8. Should sufficient evidence of unethical conduct and/or impaired fitness to practice have been presented the case will be upheld and the Adjudication Panel will decide on sanctions, which might include:

10.8.1. A written apology;

10.8.2. A written warning;

10.8.3. A requirement that the student member write a report of what they have learned from the experience, with a date for completion;

10.8.4. Further training in a specified area(s), with a date for completion;

10.8.5. Further supervision and/or personal therapy for a minimum length of time, identifying the goals to be achieved;

10.8.6. Suspension or termination of registration with a professional body.

10.9. The Adjudication Panel will write a report of the findings, a copy of which will be sent to both parties within 21 days of the Hearing.

10.10. This procedure allows for an Appeal by either party of the findings and consequences of the Adjudication Panel (clause 12).

10.11. If the complaint is upheld, the Chair of the MEC will oversee implementation of the sanctions after the period of time has elapsed for an application to appeal to be received, or, after the appeal has been heard.

10.12. The Chair of the MEC will also inform the Executive Committee and the Board of Trustees of the outcome of the complaints process.

11. Where the complainant or the student member complained against wishes to appeal the findings of the EAP they may do so within 14 days of receipt of the findings, in writing, to the Chair of the MEC.

11.1. In appealing the findings, the complainant or the member complained against will be asked to demonstrate good cause and must submit information to support their appeal;

11.2. The Chair of the MEC, in consultation with two other persons not previously part of the original EAP, will decide whether there are grounds for permission to appeal, which can only be granted in the following circumstances:

11.2.1. New evidence has come to light that was not available at the time of the EAP;

11.2.2. The decision made was against the weight of evidence;

11.2.3. It is demonstrated that due process, as defined within this document, has not reasonably and diligently been adhered to.

11.2.4. One of the parties is able to provide good grounds for arguing that the recommended sanctions were too severe or too lenient.

11.3. If permission to appeal is granted, a professional person external to these concerns will be appointed by the Chair of the MEC to consider the appeal.

11.4. The conclusion of the external professional will be final, and the possible outcomes will be:

11.4.1. Confirmation of the original findings of the EAP, with or without modification;

11.4.2. Rejection of the original findings of the EAP and recommendations for alternative resolution;

11.4.3. A recommendation to proceed to Adjudication.

11.2. The external professional will write a report of the findings, a copy of which will be sent to both parties within 21 days of the conclusion of the appeal process. The Chair of the MEC will also inform the appropriate Head of Programme, Executive Committee and the Board of Trustees of the outcome of the Appeal .

12. Where the complainant or the student member complained against wishes to appeal the findings of the Adjudication Panel they may do so within four weeks of receipt of the Adjudication Panel's report of the findings, in writing, to the Chair of the MEC.

12.1. In appealing the findings, the complainant or the member complained against will be asked to demonstrate good cause and must submit information to support their appeal;

12.2. The Chair of the MEC will appoint a professional person not previously part of the original Panel to consider the application to appeal and decide whether or not there are grounds for

permission to appeal. Appeals will only be granted if one of the criteria outlined in Section 11.2 is met. These criteria include the availability of new evidence or failures in due process.

12.3. The Chair of the MEC will inform both parties of the decision of whether or not an appeal will be heard.

12.4. If permission to appeal is granted, the Chair of the MEC will appoint an Appeals Panel of three new persons, including one person representing the modality of the student member complained against, and one 'lay person', meaning a non-clinician (e.g., a trustee or officer of the Institute).

12.5. Both parties will be given not less than 28 days' notice of the procedure to be followed. In general, the appeal procedure will be identical to the original Adjudication Panel procedure although the appeal panel will be aware that their deliberations are restricted to the criteria for appeal outlined in clause 12.2 of this document.

12.6. Written submissions from both parties must be received by the Chair of the AP not less than 28 days before a new Hearing, who will circulate them to members of the Appeal Panel and the other party;

12.7. The Appeal Panel will consider the appeal on the oral and/or written evidence presented to them. Their decision will be made within 7 days of the Hearing.

12.8. The Appeal Panel will write a report of their conclusions and recommendations, a copy of which will be sent to both parties within 21 days of the new Hearing.

12.9. The conclusion of the Appeal Panel will be final.

12.10. The Chair of the MEC will oversee implementation of the decision of the Appeals Panel.

12.11. The Chair of the MEC will also inform the Executive Committee and the Board of Trustees of the outcome of the complaints process.

13. In the event that the final resolution of the CPCP results in termination of membership of the Metanoia Institute for the member complained against, this document makes explicit allowance for reinstatement of that membership in some circumstances.

13.1 Members who have their Metanoia Institute membership terminated may make an application to the Chair of the MEC for restoration of membership not less than two years following the date on which such a sanction was imposed, and no earlier than any stipulation concerning minimum length of suspension recommended by the Adjudication Panel or the Appeals Panel.

13.2. The Chair of the MEC will, in consultation with two other members of the Committee, decide whether there is an adequate case for granting permission to have the matter heard by a Re-Admissions Panel.

13.3. Should permission to have the matter heard by a Re-Admissions Panel be granted, the Chair of the MEC will convene a Panel of three senior members of the Institute who have had no prior involvement in the case.

13.4. The Re-Admissions Panel will meet to consider the matter on the oral and/or written evidence presented to them. The person making the application for re-admission will be required to attend this Re-Admissions Panel hearing.

13.5. The Re-Admissions Panel will report their conclusions and recommendations to the MEC.

13.6. The Chair of the MEC will implement the decision of the Re-Admissions Panel, which will be final.

13.7. The Executive and the Board of Trustees will be informed of the outcome of the Re-Admissions Hearing.

13.8 Names of those restored to membership of the Institute will be reported to the relevant governing bodies and organisations within 28 days.

14. Where necessary and appropriate, a professional body (e.g., BACP, BAP, HCPC, UKCP) and other relevant parties will be informed of the outcome. All parties involved in the complaint procedure will be informed of this . Where the outcome may be published in relevant professional journals or on websites, all parties involved in the complaint procedure will be informed of this.

15. In every event the Metanoia Institute confirms its commitment to the seriousness of all concerns / complaints procedures and is aware of the inevitability of emotional distress and potential for harm to the parties concerned. The Metanoia Institute is committed to proceed with due care and diligence, and endeavours to process all concerns / complaints from initial contact to resolution with sensitivity and as quickly as is practicable.

15.1. At all times during this procedure the MEC will communicate in a timely manner with both the client and the practitioner member to let them know what is expected, and keep them appropriately informed.

15.2. During any period of absence by the Chair another member of the MEC will be appointed to act on their behalf.

15.3. Should any conflict of interest arise for any member of the Institute, any external practitioner or any other professional person approached to deal with a concern / complaint under this procedure they are required to recuse themselves at the outset. If a conflict is identified mid-procedure, the Chair must appoint an independent party to oversee the remainder of the process to ensure impartiality.

15.4. The MEC reserve the right to co-opt senior members of the Institute, or external senior practitioners, at any time under this procedure.

15.5. The Institute reserve the right to seek legal advice concerning a concern / complaint and/or appoint a solicitor to act on its behalf.

15.6. The Chair of the MEC reserves the right to suspend proceedings under this procedure in the event of legal proceedings.

16. The Metanoia Institute expects all parties involved in a concern / complaint to behave with due regard to process and professional decorum.

16.1. Both parties to the concern / complaint are required to comply with the implementation of this procedure. Failure to do so may result in the termination of proceedings or action under the Institute's Student Conduct and Discipline Policy.

16.2. The complainant and the member complained against are required to refrain from any contact with each other during the process.

16.3. Both parties are required to refrain from using abusive behaviour towards anyone, including members of the MEC, any other member of the Institute, staff and visitors to the Institute's premises. This includes contact by any communication medium. Should this requirement not be observed by the complainant the proceedings may be terminated. Should this requirement not be observed by the member complained against they may be subject to action under the Institute's Student Conduct and Discipline Policy.

17. Correspondence relating to matters referred to in this document may be digital and sent by email or by recorded delivery post.

18. The Metanoia Institute will not be responsible for any expenses incurred by either, or any, party to a concern / complaint, and cannot require one party to reimburse another party's costs.

19. All records relating to matters referred to in this document will be confidentially retained for a period of seven years. Nonetheless, in accordance with contemporary practice in professional complaints procedures the Metanoia CPCP makes allowance for consensual disposal of records following the reporting stage of the EAP.

19.1. Consensual disposal will occur when both parties agree to resolve the matter without further adjudication and where it is deemed in the best interests of all parties involved, including public safety.

19.2. Where consensual disposal is agreed by all parties to be an appropriate and acceptable resolution and the member complained against agrees to accept the likely sanctions an Adjudication Panel may impose, the case will be upheld and one of the following sanctions will apply:

19.2.1. Consensual conditions of practice for a specified period of time;

19.2.2. Consensual suspension for a maximum period of two years, accompanied by further training and/or personal therapy;

19.2.3. Consensual termination of the training contract and/or membership of the Institute.

20. The Complaints procedure outlined in this document will be managed, overseen, and reviewed from time to time, by the MEC.

Please note: all references to the MEC above also refers to any other professional person the Committee appoint in any part of the CPCP procedure.

Version Number	1.3
Owner	Ethics Committee
Review Date	October 2025
Next Review Date	November 2025

SECTION TWO: GUIDELINES

Introduction

These guidelines aim to provide explanations and guidance on the application of various aspects of the Code. All the published guidelines will be included in the annual review of this Handbook. Additional guidelines will be published as they are completed so there will be ongoing additions to this section of the handbook. Accordingly, the numbering of the contents page will change as new additions are included.

Clinical Guidelines: Gender, Sexual and Relationship Diversity

Practitioners agree to respect the gender, sexual and relationship diverse identities and consensual practices of their clients and avoid offering or providing any kind of therapy or intervention which aims to alter or suppress these identities and practices. This includes therapies or interventions which aim to alter or eliminate same sex attraction or gender identity, also known by other terms such as conversion or reparative therapy

(Clause 1.5, The Code of Clinical Ethics and Conduct)

Please note: a) For the purposes of this document the term 'gender, sexuality, and relationship (GSRD) diverse ' broadly refers to those who do not identify as heterosexual, monogamous or cisgender (those whose gender identity corresponds with the gender assigned at birth). This term applies, but is not restricted, to those who identify as asexual, agender, non-binary gender, pansexual and includes those who identify as lesbian, gay, bisexual and transgender. The term also applies to the consensual expressions of GSRD identities including BDSM and non-monogamous relationship (sexual and non-sexual) configurations. The term also recognises that people have several/multiple overlapping identities, known as intersecting identities, e.g. a woman who is cisgender and asexual. b) The term 'intersecting identities' also includes many other forms of diversity e.g. cultural, ethnic, class. c) For ease of reading, therapies which aim to alter or eliminate same sex attraction will be referred to throughout as 'conversion therapy' although 'reparative therapy', 'reorientation therapy' and 'sexual orientation change efforts (SOCE)' and other terms are also in common use.

Introduction

The aim of these guidelines is to support competent and culturally safe practice with gender, sexuality and relationship diverse people and consensual expressions of their identities, to encourage practitioners to oppose and challenge discrimination about GSRD identities and practices (when it is safe and appropriate to do so), and to draw attention to some of the issues which are key to good practice.

Considerations for practitioners

1. GSRD identities and consensual practices are now recognised as a normal part of human diversity and this is the understanding from which practitioners should approach working with GSRD clients. Practitioners are expected to work with GSRD clients from a position of respect and sensitivity, and to demonstrate an affirmative and inclusive stance towards these clients.

2. Attending carefully to issues of equality, diversity and inclusion is central to effective and ethical practice with GSRD clients. Practitioners are encouraged to develop their ability to examine and explore their own attitudes and working practices in relation to gender, sexuality and relationship diverse people and consensual practices and should ensure they have sufficient informed support in place to do so e.g. supervisors, personal therapists and colleagues. Practitioners should also have an accurate understanding of the many forms and sources of oppression which affect the lives of GSRD people as well as other people in their lives. Being knowledgeable about many other aspects of diversity e.g. culture, religion, lifestyle, disability, colour, which may have significance for GSRD people, positive or negative, is also very important.

   Practitioners should also be willing to inform clients about other services or resources which offer support, as appropriate. Practitioners have a responsibility to oppose and challenge all forms of discrimination against GSRD people, when it is appropriate and safe to do so. Those who are members of faith-based groups and organisations are expected to adhere to the same ethical requirements when working with people whose gender, sexuality and relationship identities and practices are different from their own. Practitioners are advised that the use of faith and/or culture-based beliefs predicated on negative attributions and assumptions about

gender, sexuality and relationship diversities as a defence in the event of an alleged ethical breach will not be accepted.

3. Practitioners are expected to engage in continuing professional and personal development about the diversity of gender, sexuality and relationship identities and practices to ensure their work with clients is supported by accurate, unbiased information and understanding. Practitioners are encouraged to proactively seek out information from alternative sources e.g. internet communities/resources and organisations which offer services as well as suitable professional literature. At the same time, practitioners are expected to remain alert to negative attributions and assumptions about GSRD identities and practices embedded in some professional literature. Practitioners must not use any approach with GSRD clients which regards them, or consensual expressions of their identities, as wrong, unnatural or pathological.

   Practitioners are asked not to rely on their clients to educate them about GSRD issues. Practitioners are expected to reflect on their own relationships, gender and sexuality - both as part of their work with clients and as a planned part of their ongoing professional and personal development – and particularly when a client's GSRD identities differ from their own. As BPS Guidelines (p15) state: - "*This may be especially useful for those … whose identities and practices are not commonly questioned, such as those who are cisgender, heterosexual and/or monogamous.*".

4. Clients themselves may request some kind of conversion therapy or therapy to change or suppress their GSRD identity and/or consensual practices. In these circumstances the work with the client should include careful and sensitive exploration of pressures that may have led to the request. Practitioners should share and discuss research findings with clients which evidence the lack of effectiveness and risk of possible harm resulting from the practice of such therapies. Consideration as to how the client's GSRD identity and practices can be integrated into their lives is also part of the work. Practitioners need to be aware that the fact a client may request conversion therapy or other therapy aimed at changing or suppressing their GSRD identity and/or consensual practices will not be accepted as a defence for offering and/or practicing any such therapy in the event of an alleged ethical breach.

5. Practitioners should take care not to mistakenly attribute presenting difficulties and distress to a client's GSRD identity and consensual practices. Marginalisation and stigmatisation are much more likely to be the cause of distress rather than GSRD identities and practices themselves. In the very rare cases where some aspect of a client's GSRD identities or practices might be the cause of their distress then robust clinical reasoning is required to support such a determination and BPS Guidelines (p.6) state *"In these instances consideration should be given as to how any GSRD identity or practice could be expeditiously supported in the future."*.

   When working with clients who are experiencing uncertainty or conflict about their GSRD identity and/or practices practitioners should take care to maintain the exploratory nature of the therapeutic process rather than agree or assume any pre-determined outcome. Practitioners should also keep in mind that gender or sexuality may be fluid for some people and others may wish to avoid identity labels.

6. Practitioners are expected to carefully assess and identify the limits of their competence with GSRD identities, practices and issues. When a practitioner does not have sufficient competence or knowledge to work with a GSRD client and/or GSRD specific issues, or has difficulty working from a respectful and affirmative position, they should inform the client and take steps to make a suitable referral to another practitioner. This may involve seeking advice from supervisors or colleagues and/or referring to another professional who has specialist training. Knowingly referring any client to another practitioner, individual, organisation or group who offer and/or practice conversion therapies or interventions, or any other kind of therapy or intervention which aims to alter or suppress GSRD identities and/or consensual practices is not consistent with ethical practice.

References

BPS. (2018). *Guidelines for psychologists working with gender, sexuality and relationship diversity*. BPS.

Guidelines on the legal and ethical aspects of counselling and psychotherapy for post adoption issues

Practitioners commit to knowing and understanding current legislation on post adoption issues.

(Clause 1.7, Code of Ethics and Professional Conduct)

In 2010 legislation came into force that states that only practitioners registered as an Adoption Support Agency with Ofsted are able to offer specialist adoption services to clients when issues concerning adoption are the main concern of the client. This legislation applies to children and adults who have been adopted, their birth relatives and adopters, irrespective of how long ago the adoption may have taken place.

This is a significant legal change to the Adoption and Children Act 2002 concerning post adoption counselling, and it is important that practitioners in private practice and other work settings are aware of this to help them make informed legal and ethical choices in their work with clients to whom this legislation may apply. For the purposes of understanding this legislation the word "counselling" also applies to psychotherapy.

The following are extracts from the Counselling Directory website:

"*Approved Adoption Counselling*

In December 2010, the law changed so that only counsellors and psychotherapists registered as an adoption support agency (ASA) with Ofsted are able to offer specialist adoption services. These amendments to the Adoption and Children's Act of 2002 were designed to ensure that the one in four UK individuals affected by adoption in some way, are provided with support and services from practitioners who hold the proper qualifications and experience. The introduction of this legislation now means that any counsellor working with a client for whom any aspect of adoption is the main focus, must be registered with Ofsted (or RQIA in Northern Ireland) and subject to regular inspections.".

and

"It may be that some individuals are seeking counselling for issues they feel may be related to adoption (such as low-self esteem) but where adoption is not the key issue. In cases such as these where the entire counselling experience is not likely to revolve solely around the adoption itself, it is fine to seek help from a professional who is not an Approved Adoption Counsellor.".

The following extract is from Ofsted:

"- A counsellor would need to register as an adoption support agency if they set themselves up in business to provide an adoption-related service to adults, children or families who need counselling around adoption issues. This can include circumstances surrounding their own adoption or their child being adopted.

- If an adoption related issue only emerges after counselling is established and is not the primary concern or focus of counselling the law does not require you to register. However, it is good practice for you to seek advice from someone registered to provide adoption support services. It may be better for your client to be referred to a specialist service. If however, during the first counselling session it becomes clear that matters related to adoption is the main purpose for the counselling, you should make clear to the client their right to access adoption support services and consider referring the client to a registered adoption support agency. The law says you cannot provide counselling on adoption matters without registering or being under contract with an approved adoption support service. ".

This means that practitioners may work with clients affected by adoption when other presenting issues are the primary focus of the work but it is not lawful to accept clients when it is clear in the assessment that the primary focus of the work concerns adoption itself, unless the practitioner is registered or seeing clients in an approved adoption service setting. The legislation and related guidance appears to lack

some clarity therefore practitioners are always advised to seek consultation with Ofsted, either with the national or a local office, or a registered specialist practitioner, when uncertainties related to post adoption legislation arise with clients.

At present it is unclear how widely this legislation is known to clients for whom it may be relevant and, for that reason, we draw the attention of practitioners and their supervisors to maintaining the quality of assessments when considering whether an onwards referral may be appropriate.

When primary adoption issues emerge later on in the therapeutic relationship as the probable major focus of the work going forwards, the ethical and legal dimensions need to be addressed carefully. This particular dilemma is expressed succinctly by Mitchels (2015), who states:- *"Good practice requires that we work within the limits of our qualifications and skills, and also that we offer the client the best possible support. We may have built up a good rapport with the client and it could be seen as a risk to the client's therapeutic progress to change therapists at this stage. Ethical practice also requires us to work within the law."*.

In these circumstances practitioners, in consultation with their supervisors and Ofsted, may reach a professional view about the most appropriate way forwards for themselves and the client to take, which may include continuing to work together. It is also wise to seek legal advice from professional insurers, and practitioners are advised to carefully document the process of the ethical/legal decision making.

Mitchels draws attention to the importance of the client's needs being met, and the practitioners working within the limits of their skills and knowledge:- *"If the counsellor decides, after the appropriate supervisory and legal and/or Ofsted consultations, that in the particular circumstances they have the necessary knowledge and skill to meet the client's needs and that it would be of no benefit to the client to refer them on, then it is possible that they could continue to provide counselling for this client, with support and advice from an adoption support agency or adoption agency."*.

It is good practice for practitioners to provide clients with information about the legal position on post adoption counselling in situations when this legislation applies, to discuss with the client the reason for any possible/potential referral and to manage any onward referral with sensitivity to the circumstances of the original adoption situation.

This is a complex legal and ethical area, and it is recommended that practitioners read the detailed and useful guidance by Mitchels, which is a BACP publication and available on the BACP website.

BACP, in Therapy Today, (Dec 2019) state:-

"In **Wales**, similar principles apply, and registration is with the Care and Social Services Inspectorate in Wales (CSSIW), and you should contact CSSIW, your local authority, or a local registered adoption support agency if you need help and advice.

In **Northern Ireland**, registration is currently with the Department of Health through the Regulation and Quality Improvement Authority (RQIA). However, the law here is changing and practitioners are advised to take legal advice and/or check with the Department of Health or the RQIA to determine any conditions required to provide the adoption-related counselling services you wish to offer.

In **Scotland**, you should obtain legal advice and/or check with your local authority to determine any conditions required before providing the adoption-related counselling services you wish to offer.".

Additional guidance for Northern Ireland, Wales and Scotland is available for BACP members on the BACP website.

References

Ofsted. (2015, reviewed 2019). Introduction to adoption support agencies. A children's social care guide to registration. Ofsted.

Counselling Directory. (year of publication unknown). Adoption. Counselling Directory. <counselling-directory.org.uk/adoption/html>.

Mitchels, B., (2015, reviewed 2017). Adoption Law in England within the Counselling Professions. Good Practice in Action 003. Legal resource. BACP.

Questions and answers: "Adoption. Is it necessary to register to provide counselling on adoption issues?". Therapy Today, December 2019 Volume 20 Issue 10

Clinical and Practice Guidelines: Social Media and Digital Communications

Practitioners commit to ensuring, as far as reasonably possible, that they manage their personal and professional social media/internet-based activities in ways that are not detrimental to the best interests of their clients. In particular, practitioners agree to respect the privacy of clients, protect client confidentiality, and preserve the boundaries of the professional relationship.

(Clause 1.10, Code of Clinical Ethics and Professional Conduct)

Practitioners agree to establish informed agreements with clients about any mutually agreed use of internet based activities and/or digital communications in the work together, and to discuss with clients the management of risks, as appropriate. Practitioners are advised to have a written policy on internet based activities/digital communications included in their written contracts with clients and/or professional website, if appropriate.

(Clause 9.4, Code of Clinical Ethics and Professional Conduct)

Introduction

Most practitioners use social media and digital communications to some extent in their professional lives and there are undoubtedly many benefits to doing so e.g. accessing online CPD, professional networking, sharing information about services with the public and more options for communicating with clients. These technologies also bring with them different ethical difficulties and limitations for both practitioners and clients.

It is important for practitioners to assess the possible effects, both positive and negative, of using social media and digital communications on their relationships with clients and make decisions about how to work with them. In particular, practitioners need to take steps to prevent known risks especially to privacy, confidentiality and boundaries, as far as reasonably possible, and keep a watchful eye for later necessary adjustments in the face of rapid developments in technology. It is also important for practitioners to think about how they might deal with situations that may arise accidentally and could not have been foreseen or averted.

1. Competence

Practitioners should be knowledgeable about the benefits and limitations of using social and digital technologies in the work with their clients especially when the work takes place outside the face to face consulting room setting. They should ensure they have the necessary skills and knowledge in the use of all the technologies they use with their clients and colleagues in order to provide a reliable and satisfactory service. Back up methods of communicating should be in place if the method(s) normally used are not available for any reason and practitioners should have in place technical support which "…respects the confidentiality of the work being undertaken." (Bond, 2015, p.6).

2. Protecting client confidentiality

Careful thought needs to be given to the protection of client confidentiality especially as social and digital technology can never be completely secure. Practitioners are expected to maintain a high level of security and to keep up to date with new developments, especially in the technologies they use to communicate with clients and colleagues. This includes using encrypted systems when possible and making sure that other internet security systems such as firewalls, virus protection and passwords are updated and/or changed as often as is necessary to prevent unauthorised access to client material by third parties.

Where audio–visual technology is being used e.g. Skype or Facetime, practitioners should ensure, as far as reasonably possible, that the communications with clients are not observed or overheard, or can be interrupted (emergencies excepted) at either side by a third person(s). Sufficient information about these potential risks should be provided to clients, as appropriate, to ensure they are able to take care of security and confidentiality on their side. Email systems used to discuss or convey confidential information should be encrypted.

Clients may inadvertently breach confidentiality themselves by e.g. following and participating in the Twitter account or contributing comments on the blog of the practitioner. Information should be provided to clients about these risks.

It is not consistent with ethical practice for any information confidential to the relationship with the client to be posted onto the internet without the client's consent or knowledge, unless the informed consent of the client has been obtained and other ethical requirements about publishing have been met.

3. Maintaining boundaries

The personal and professional lives of practitioners should be kept as separate as possible to avoid the blurring of boundaries, and practitioners should consider setting up separate professional accounts and ensure their personal social media accounts are kept private.

It is not appropriate to accept 'friend' invitations from clients or former clients on social media accounts (or any equivalent invitations under different terminology, such as 'follow' invitations, etc.) nor is it appropriate to offer them and clients should be provided with this information.

Establishing agreements at the outset of the professional relationship with clients about practice/business arrangements e.g. appointment times, cancellation policy, alternative arrangements should there be a technology failure and so on are also a part of maintaining clear professional boundaries.

4. Online searches and client privacy

When practitioners are considering whether or not to search for or view online information about clients, including prospective or former clients, they need to be clear about their reasons for doing so before taking action. Although uploaded information is in the public domain this does not mean that all searches are ethical. There are occasions when the practitioner and client may agree to view online information together in the session as part of the therapeutic process, or the practitioner may agree with the client to view online information outside of the sessions. In these specific situations' practitioners are advised to consider whether viewing the information would be in the client's best interests, and if material is viewed the prior informed consent of the client is needed.

There are also emergency situations where it is necessary to breach confidentiality because of threat of possible serious harm to the client or others and it may be ethically justifiable to search for information online when such action may help resolve the crisis. However, in the absence of either the client's knowledge and consent or an emergency situation searches should not be conducted on clients or those connected to them. Information acquired as a result of a secret search may subtly, or not so subtly, affect the relationship between the practitioner and client, depending on the significance and nature of the material contained in the results. Secret searches lack respect for client privacy and impair client autonomy by limiting their right to choose what information they wish to disclose in the therapeutic process and when, and such searches are not consistent with ethical practice.

5. Online searches by clients and practitioner privacy

Information is easily accessible on the internet about most people and many clients will have already conducted some kind of search for information about the practitioner before the first meeting. Some search results may well include personal information about the practitioner – and possibly those close to them too. For that reason, it may be useful for practitioners to carry out a search on themselves from time to time so they have a reasonable idea of what information is available online about them and they are prepared to deal with any related queries clients may bring. It is normally beneficial to the work together for clients to refrain from (further) searches about the practitioner and this information should be part of the practitioner's policy.

Because of the inevitable limits to privacy on the internet, practitioners are asked to think very carefully about what personal information, images, videos and other media they upload about themselves, their families and friends – with an eye to potential safety issues as well. Material that has ever been posted on the internet can still be found by those who wish to do so even after it has been deleted, and the use of privacy settings cannot reliably prevent material from becoming widely accessible, especially as material can easily be replicated and forwarded by others. Nonetheless, it is recommended that practitioners check their privacy settings from time to time, particularly since personal settings may be deleted by service providers.

6. Accidental access to information and unintentional contact

Anyone who uses the internet could accidentally come across information about another individual they know, and there are many ways this could come about. For example, a practitioner may search for a service online and a client could appear in the results, or information about a client may have been posted on a social media account such as Facebook by a third party. Accidental contact can also occur when, for example, a client responds to a practitioner's eBay listing, or vice versa, where the identities of one or both people may quickly become clear. Unintentional compromises to privacy and confidentiality may also be created by clients themselves, for example, by clients disclosing their identity and relationship to a practitioner by following and actively participating in the practitioner's Twitter account.

When situations arise unintentionally and without the knowledge of the client, practitioners are asked to think through whether or not the significance and nature of the information that has come to light indicates that it should be disclosed and/or discussed with the client concerned. Unplanned online contact that the client knows about should at least be acknowledged and some encounters may need to become part of the work together. Accidental acquisition of professional information is probably less likely to pose difficulties than personal information because most professional information has been posted with the intention of being widely viewed.

7. Vulnerable clients and emergencies

Practitioners should be aware that there are limitations to the kind of services that can be offered or provided for clients online. Bond (2015, p.9) draws attention to the importance of assessing whether it is even appropriate to work online with a client who may be vulnerable in some way and says:- "…it is good practice to provide an assessment of their suitability for the services being provided that includes their suitability for working online.". Careful assessment is essential to ensure that vulnerable clients are not put into a situation that may be beyond their present personal resources and, consequently, is unlikely to be in their best interests.

Bond also highlights the responsibility of practitioners who work online to consider how they will provide appropriate and timely support to clients "…who become so distressed and disturbed that they require additional services or support from healthcare providers or their social network."(2015, p9), and goes on to say:- "It is good practice to have discussed with clients how they might be assisted before such a situation arises.".

All practitioners who work online need to have in place assistance and resources for their clients in the event of an emergency and this information should be included in contracts and/or policies for clients.

8. Emails and text messages

Emails are retained in the logs of service providers and are vulnerable to viruses and unintended forwarding or replication. Text messaging lacks context and can easily lead to unnecessary misunderstandings. Email and texts are best kept for dealing with simple business matters such as arranging appointments, or notice of a delay, but encrypted systems should always be used by practitioners who work with clients by email or when confidential information is being conveyed in another professional context e.g. supervision. Otherwise, clients should be informed that when it may be necessary to communicate sensitive and confidential material outside of the arranged sessions it is probably safer to do this by telephone - otherwise this material is best kept within the agreed sessions.

9. Supervision

In the event of a serious ethical difficulty posed directly by, or involving, some aspect of technology, practitioners are advised to seek supervision. As Bond points out, it is also good practice to receive some supervision using the same technology that a practitioner may be using for working with clients to "…experience the strengths and limitations of the chosen way of working." (2015, p.12).

10. Agreements and policies

It is good practice for practitioners to have a written policy about the use of social media/digital communications for clients which provides sufficient information about both the possible known risks (as appropriate) and how practitioners and clients can deal with them. Even practitioners who make little use of social media/digital communications in their work could consider having a short piece providing information about e.g. emails, text messaging and relevant aspects of privacy and confidentiality included in their written/online contracts. As a minimum, practitioners are expected to discuss these issues with clients, as appropriate to the client and the setting, and verbal agreements should be documented.

For practitioners who make more use of social media/digital communications in their professional lives e.g. use audio visual technology such as Skype, Teams, Zoom or Facetime, and/or have a significant online presence e.g., a Twitter account or blog, it is probably now essential to have a written/online policy which can be discussed and clarified with clients as appropriate.

Not all potential difficulties of using social and digital technologies can be foreseen or averted but practitioners are expected to do their best to prevent known risks which may be detrimental to their work with clients as far as reasonably possible and to deal thoughtfully with the unexpected.

11. Other ethical considerations

In general, practitioners are expected to use online and digital technology responsibly and to communicate with clients and colleagues in a professional manner. The accepted values of the professions of psychotherapy and counselling, and ethical principles are the starting points from which to think through knotty dilemmas and potential difficulties.

Practitioners are respectfully reminded to always give careful thought to what they are posting online, regardless of whether they are posting in their professional or personal capacity, and regardless of whether the information is posted on a professional or personal site. It is best to assume that anything that has ever been uploaded onto the internet can be found by those who wish to do so even after it has been deleted, and important to keep in mind that material can easily be replicated and passed on by others, including material on sites where privacy settings are used. Practitioners are also asked to give the same thoughtful attention to communications in emails and other electronic messages.

The immediacy and ease of use of online and digital technologies make it much easier to get caught up or involved in behaviours which constitute professional misconduct, for example posting offensive or improper material or engaging in inappropriate conversations/contact. Posting derogatory remarks or inferences online about individuals and organisations, on professional or personal accounts, is not consistent with ethical practice either and practitioners should be aware that defamation legislation applies to the internet.

Practitioners should refrain from posting any comments or identifiable information about any client anywhere online and are asked to have an eye to possible alternative understandings by clients of online material they have posted. The only exceptions to posting any potentially identifiable information about clients online are planned professional publications where the matter has already been discussed with the client concerned and their consent has been obtained.

Practitioners also need to ensure they are compliant with current data protection legislation (GDPR) in relation to information about clients acquired through digital means and that their insurance cover is adequate for any services they provide online.

Trainees working in placements and other practitioners working in organisational settings are expected to observe the particular digital policies of the organisation concerned.

Acknowledgement

These guidelines are mostly based on the work of Dr Aaron Balick and the Institute acknowledges his contribution. Dr Balick's Digital Policy, available on his website, is a helpful resource for practitioners, particularly those who have more than a minimal professional presence online.

Reference

Bond, T. (2015). "Working Online", Good Practice in Action 047. BACP.

POLICY BACK COVER

Section 1 - to be completed by policy proposer and forwarded to Committee Servicing Officer.

Policy Title:	Clinical Ethics Handbook
Author:	Gill Donaldson
Rationale: *Outline the purpose of the policy, and its scope e.g. credit-bearing provision*	Add narrative
Consultation undertaken: *List all groups and/or committees where consultation was undertaken e.g. students, administration, external advisor, QSC, etc.*	Clinical Ethics Committee, Academic Board
Resource implication: *Outline the potential financial, human and technological resource implication of the policy*	Add narrative

DOCUMENT CONTROL

Section 2 - to be completed by receiving Committee

Recommending Committee:	Ethics Committee

Approved:	16/10/2024	**Date for adoption:**	16/10/2024

Version and Document Code:	16/10/2024	**Date for review:**	