



ACCPH

Accredited Counsellors, Coaches,
Psychotherapists and Hypnotherapists

**ACCPH Code of Ethics and Practice
for
Counsellors, Coaches, Psychotherapists
and Hypnotherapists**

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Introduction

The first paragraph defines counselling, coaching, psychotherapy and hypnotherapy as professional activities involving ACCPH Members, hereafter called practitioners, and their clients.

The practitioner should always offer an impartial helping relationship which respects the client's personal values and autonomy.

All ACCPH practitioners must recognise the importance of confidentiality in establishing such a relationship. Counselling, coaching, psychotherapy and hypnotherapy are formal activities involving an agreed contract. To maintain their effectiveness, practitioners may need to review their work regularly in a confidential setting with a peer supervisor or in peer group setting.

In joining the ACCPH you are agreeing to comply with the provisions of the Code of Ethics and Practice.

To ensure that they behave in an ethical manner, practitioners are required to use a formal procedure in examining ethical aspects of their work. In situations where ethical decisions can be complex and difficult and different ethical principles may be in conflict, the best decision comes from considering issues systematically.

Details of the recommended decision-making procedure are presented in the Appendix at the end of this document

Like all other citizens, practitioners are subject to the Law, and their practice must conform to the Law.

Practitioners declaration

After reading and understanding this document you continue to join ACCPH; it is taken that you solemnly swear to abide by this Code of Ethics and Practice.

The Code of Ethics and Practice

1: Respect for the Rights and Dignity of the client

Practitioners honour and promote the fundamental rights, dignity and worth of their clients.

They respect clients' rights to privacy, confidentiality, self-determination and autonomy, consistent with the practitioner's other professional obligations and with the law.

More specifically, practitioners shall:

General Respect

- Have sensible regard for clients' beliefs and values.
- Not allow their service to clients to be diminished by factors such as gender, sexual orientation, disability, religion, race, ethnicity, age, national origin, party politics, social standing or class.
- Convey sensible respect for prevailing community mores, social customs and cultural expectations.
- Work in ways which promote clients' personal autonomy.

Privacy and Confidentiality.

- Ensure that the setting for sessions is appropriately private.
- Treat in confidence personal information about clients, whether obtained directly or indirectly or by inference. Such information includes name, address, biographical details, and any descriptions of the client's life and circumstances which might make the client identifiable by others.
- Ensure that information which may lead to the identification of clients is not transmitted through overlapping networks of confidential relationships.
- Break confidentiality only where it is required by law, or where there are grounds for believing that the client will cause physical harm to themselves or others. Where feasible, practitioners shall endeavour to obtain the client's consent, and consult their supervisor or an experienced colleague, in advance

of any such disclosure. However, in emergencies, practitioners shall make their own judgment as to what action is best.

- Minimise any breach of confidentiality by conveying only that information which is necessary, and only to relevant persons.
- In supervision and consultation with colleagues, reveal only that information about clients which is relevant for those purposes.
- Discuss the limits of confidentiality with the client at the time of initial contracting, the discussion to include the implications for confidentiality of the supervisory relationship.
- Store, handle, transfer and dispose of all records (including written, electronic, audio and video) securely and in a way that safeguards the client's right to privacy.

Informed Consent and Freedom of Consent.

- Ensure that the client consents to participate at all stages and respect clients' right to discontinue at any time.
- Provide reasonable opportunity during the course of the relationship for review of the terms on which the service is being offered.
- Not normally act on behalf of their clients. If they do, they shall ensure that the client consents in advance to any proposed action.
- Where the client is concurrently engaged in another professional helping relationship, obtain the client's permission before conferring with the other professional.
- Obtain written permission from the client (or if appropriate the client's parent/s or legal guardian/s) before recording client sessions, discussing undisguised cases with any person whatsoever, or publishing cases (whether disguised or not) via any medium.
- *“Recording” in this context means any method other than the usual taking of written case notes. “Undisguised” in this context means cases in which material has not been sufficiently altered in order to offer reasonable anonymity to all relevant parties. With particular reference to the use of CCTV equipment, all clients must be fully informed when such equipment is in*

operation and, written permission must be obtained prior to the commencement of any client session. Advise the client that disguised case studies may sometimes be utilised for the purposes of either their own supervision or the supervision and/or training of other therapists and refrain from using such material should the respective client indicate that it should not be used for these purposes.

- Obtain the client's consent to attendance at sessions by third parties.
- When publishing research or case studies concerning clients or supervisees, ensure that identities are carefully disguised and obtain appropriate consent.
- Written Permission from both parents / legal guardians should be obtained (where possible) by therapists before commencing therapy with a minor. (see section
- If it is not possible to obtain written permission from both parents / legal guardians then written permission must be obtained by at least one parent / legal guardian prior to the commencement of therapy.

2: Competence

Practitioners strive to ensure and maintain high standards of competence in their work. They recognise the boundaries of their competence and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by training and experience. It is an indication of competence that they recognise when they are unable to offer a professional service.

More specifically, practitioners shall:

Ethical Awareness

- Accept the obligation to study and understand the provisions of this Code of Ethics and Practice.
- Limits of Competence.
- Offer or carry out only those professional activities for which they have established their competence to practice.
- Recognise the boundaries of their competence, and take care not to exceed these.
- Refrain from offering a service when their functioning is impaired due to personal or emotional difficulties, illness, disability, alcohol, drugs or any other cause.
- Continuing Professional Development.
- Monitor and develop their professional competence.

3: Responsibility

Practitioners are aware of their professional responsibilities, and at all times take positive action to fulfil these responsibilities.

More specifically, practitioners shall:

General Responsibility.

- Review and evaluate the effectiveness of their professional activities
- Behave in professional activities in such a way as not to undermine public confidence in the profession.
- *N.B. Before employing tactile induction or deepening techniques, both an explanation should be given and permission received.*
- Exercise appropriate respect towards colleagues.

Avoidance of Harm.

- Set and monitor appropriate boundaries during the practitioner/client relationship, and make these explicit to the client.
- Take all reasonable steps to ensure that the client suffers neither physical nor psychological harm during the practitioner/client relationship.
- *N.B. Practitioners should not attempt to diagnose physical symptoms unless they have undergone relevant medical training in diagnostics.*
- *N.B. If the practitioner has doubts or concerns with regard to a client's prescribed medication, they should, always with their client's permission, contact the medical advisor personally.*

Continuity of Care.

- Refer clients to other appropriately qualified practitioners or other professionals when it is appropriate to do so.
- When referring a client, maintain support and responsibility for caring until contact has commenced with the person to whom referral was made.

- Give reasonable notice, and make reasonably certain that discontinuation will cause no harm to the client, before discontinuing services.
- Contribute where appropriate to the co-ordination of client services in order to avoid duplication or working at cross purposes. To facilitate this process, practitioners shall maintain adequate records and communicate with other service providers.

Resolving Dilemmas.

- Use a systematic procedure for making ethical decisions and resolving ethical dilemmas. *See Appendix on page 20- Recommended Procedure for Ethical Decision Making*
- Take an active role in resolving conflicts of interest between themselves and third parties (for example, colleagues, employers, employing agencies) where there are implications for the client.

4: Integrity

Practitioners seek to promote integrity in the practice of their profession. They recognise their professional limitations and ensure that they receive appropriate support and supervision from colleagues.

In their professional activities they are honest, fair and respectful of others. They clarify for the relevant parties the roles in which they are performing, and attempt to function appropriately in accordance with these roles.

More specifically, practitioners shall:

Recognise of Professional Limitations.

- Engage in self-care activities which help to avoid conditions (for example, burnout, and addictions) which could result in impaired judgment and interfere with their ability to benefit their clients.
- Monitor their own personal functioning and seek help when their personal resources are sufficiently depleted to require such action.
- Obtain professional supervision regularly in proportion to the amount of their work with clients.
- Where appropriate, seek consultative support from colleagues.

Honesty and Accuracy.

- Ensure that they and others accurately present their education, training, experience, membership status within the Association, and the effectiveness of the services which they offer, in all spoken, written or printed communications.
- Make a clear contract with the client which includes issues such as availability, fees, and cancelled appointments. They shall ensure that the contract is agreed before work commences. Any subsequent revisions of the contract shall be agreed with the client before they take effect.
- When advertising, avoid misrepresentation or exaggeration about services offered.

Conflict of Interests and Exploitation.

- Be acutely aware of the power dynamics of the practitioner/client relationship and shall not exploit clients in any way, either during the relationship or after its conclusion.
- Be acutely aware of the problematic nature of dual relationships (for example, with students, business associates, employees or clients), and recognise that it is not always possible to avoid them (e.g. when offering services in a small community, or engaging in training).
- Where it is possible, practitioners shall avoid such relationships; where it is not, they shall take appropriate steps to safeguard the interests of those involved.
- Where possible, avoid conflicts of interest that may affect their relationship with the client, and where it is not possible, shall make these conflicts of interest explicit to the client.
- *N.B. Where the practitioner is working as part of a larger team, for example within an institution or through a multidisciplinary or similar clinical approach, or where the client has been referred by a medical advisor or agency with conditions placed on the referral as to shared disclosure by the practitioner to the advisor or agency, then provided that it is clear that the client consents, confidential information may be shared by the practitioner with the team or referring advisor or agency.*
- Do not accept any inappropriate gifts, gratuities or favours from a client.
- Offer the same standard of service whether the work is paid or voluntary.
- Seek supervision and / or consultative support on all issues relating to conflict of interests.
- Ensure that their supervisor does not occupy other significant roles in their lives.

Actions of Colleagues.

- Remonstrate privately with a colleague if that colleague appears to be engaging in unethical behaviour; where this action does not resolve the issue,

they shall bring the matter confidentially and without malice to the attention of the Association's Complaints Committee.

5: Relationship With Professional Body

All practitioners shall undertake to:

Notify ACCPH, in writing, of any change in practice name, contact address, telephone number or email address, at the earliest convenient moment.

Inform ACCPH, in writing, of any alteration in circumstance which would affect either their position or ability as practitioners.

Inform ACCPH, in writing, of:

- any complaint (of which they are aware) made against them
- any disciplinary action taken against them by any other professional body
- any criminal offence of which they have been convicted

Make available all relevant information requested as a result of investigation by any appointed Complaints and Disciplinary Officer of ACCPH, without hindrance (whether implied or actual) or unreasonable delay, and comply fully with all requirements inherent within any Complaints and Disciplinary Procedure.

6: Continuing Professional Development and Supervision

Continuing Professional Development (CPD) Policy

Our definition of CPD is: *'A range of professional learning activities that enhance the growth and personal development of an individual throughout their career'*.

This is to ensure that they maintain their ability to practise safely and effectively with up-to-date knowledge.

Using a variety of learning opportunities practising ACCPH members can keep abreast of relevant new developments and techniques within their field. Effective CPD should ensure that you stay up-to-date and safe to practise.

ACCPH recognises that our members are intelligent professionals capable of making their own choices about what CPD serves them best. Although we 'approve', 'validate' and accredit CPD courses and workshops we do not stipulate what CPD you must do.

ACCPH actively encourages cross-therapy CPD. Counsellors can develop professional relaxation and Guided Imagery work from hypnotherapists; hypnotherapists can find different forms of psychotherapy useful to their work; coaches can pick up very useful skills from all the therapies we cater for.

We recognise a wide range of activities which you can count towards your CPD hours. These could include, for example:

- Personal attendance at seminars & workshops
- Workshops at conferences
- Advanced training courses
- Home study - online training, DVD's, etc
- Reading a new but related book
- Internet research
- Receiving mentoring which enhances learning and development
- First aid instruction
- Marketing training and business development
- Communication skills
- Questioning and listening skills
- Understanding micro body language
- Alternative psychological approaches
- NLP Neuro-linguistic Programming
- Neuroscience and how to use in therapy and coaching

Proof of each activity must be provided when you renew your membership.

Whichever activities you decide upon you must ensure they comply with the following:

- That it enhances your professional service provided to clients.
- That it improves your knowledge
- Self-employed members must complete a minimum of 25 hours CPD each year.
- At least 15 hours CPD must be directly related to the practitioners main field or approach.
- At least 2 CPD activities must be carried out, with no more than 16 hours spent on any single activity in one year. (You may complete several courses that take up all 25 hours).
- A log of all CPD activities, (with evidence to demonstrate you did participate).

Members who undertake Continuing Professional Development as a requirement of another professional body may use this providing that it is relevant to their ACCPH membership.

Supervision Policy

Practitioners of the various practices we cover feel that it is important to meet with colleagues to discuss ongoing cases and issues arising from them. Also to work through any personal issues that might affect how they work with their client.

These arrangements are usually 1-2-1 Supervision or belonging to a Peer Support Group.

Self-employed Practitioners within the various approaches at ACCPH are required to meet with a more senior colleague, (or colleagues), to discuss any client or personal issues which may have an impact on their ability to work with client. These meetings are usually 1-2-1 with a recognised supervisor or joining a Peer Support Group.

Newly qualified Members and Accredited Members are expected to attend supervision for a minimum of 1 hour in a month period during their first 3 years of practice. After 3 years of it is still encouraged but it becomes a more voluntary process. Supervision is then usually when support is required for a difficult case the practitioner talks to a Senior Member to gain knowledge or insight. These sessions can ensure that you have the correct skill set or techniques to help clients with difficult problems.

Many people stay with their peer support group for life as they find it beneficial.

Practitioner must maintain a personal log of all such meetings as they will need to provide this evidence of the previous 12 months supervision at the time of their annual re-registration.

The supervisor must be qualified to do so in the practitioners approach and recognised by ACCPH. Peer Support Groups may be multi-approach and have members from counselling, coaching, psychotherapy and hypnotherapy.

2 hours of peer group supervision = 1 hour of 1-2-1 supervision. So a 2 hour peer group meeting once a month is regarded as sufficient to meet your minimum requirement.

Members who undertake supervision as a condition of their membership of other professional bodies may apply to have this taken into account providing that it is compatible with the approach they are registered for with us.

7: Advertising, Display Of Credentials & Use Of Specific Titles

All Practitioners shall undertake to:

- Ensure that all advertising, no matter in what form or medium it is placed, represents a truthful, honest and accurate picture of themselves, their skill-base, qualifications and facilities and that any claims for the successful outcome of treatments (in whatever format) shall be based upon verifiable, fully documented evidence.
- Ensure that all advertising shall be accurate, truthful and that any claims made in advertising can be substantiated on request.
- Display only valid qualifications and certificates issued in respect of relevant training courses and events or certificates of registration, validation or accreditation as issued or awarded by relevant professional bodies.
- Make no claim that they hold specific qualifications unless such claim can be fully substantiated

Notes for Guidance:

Titles - misdirection

Practitioners should avoid the possibility of misdirecting their clients in using the title “Dr”.

Misdirecting a client falls into three categories:

Medical Misdirection – where the client is led to believe, by commission or omission, intended or inadvertent, that the therapist is a licensed medical practitioner when this is not the case.

Misdirection by Relevance – where the client is led to believe, by commission or omission, intended or inadvertent, that the therapist’s title is directly relevant to the practice of their therapy, when it is not (e.g. the doctorate is in an unrelated subject).

Misdirection by Quality – where the client is led to believe, by commission or omission, intended or inadvertent, that the therapist’s title fulfils the requirements of widely recognised common UK standards for doctorates in Chartered Universities or Government licensed awarding bodies (e.g. a “life experience” doctorate or foreign award whose accreditation standards are questionable.)

Practitioners should, therefore, only use the title “Dr” if they are medically licensed in the UK or their title is both UK issued and accredited and in a subject counselling, coaching, psychotherapy or hypnotherapy).

All practitioners using this title should explain in their advertising literature and to their clients, the nature and subject of the title and the awarding body, and non-medical “Drs” should declare that they are not medical practitioners in their advertising literature and to their clients.

Title: Professor

This should be used in the UK only when the therapist holds a UK based Professorial Chair, and the use of the title should be fully explained to the client.

Title: Reverend

This should be used in the UK only when the therapist is offering therapy in a religious context and the use of this title should be fully explained to the client.

Title: Consultant

This should not be used unless you are an appointed medical or psychological consultant.

8: Treatment Of Minors And Those Classified As Persons With Special Needs

All Practitioners shall undertake to:

- Obtain the written consent of an appropriate adult (i.e. parent, legal guardian or registered medical practitioner) before conducting treatment with clients who are either under the age of the majority or are classified as persons with special needs.
- ***N.B.*** *Wherever possible and provided it is judged to be in the child's best interests, it is advisable that an appropriate adult should be present during such sessions.*

9: Research Ethics

For all practical purposes, a “research subject” should be considered synonymous with a “client” and consequently, all relevant Clauses within the general Code of Ethics remain applicable.

Of extra importance is the need on the part of the researcher to:

- Accept that all participation by research subjects must be on a completely voluntary basis and that no “pressure” of any type should be exerted in order to secure participation.
- **NB** *Payments must not be such an inducement that they would encourage the taking of risk beyond that taken in the normal course of the participant’s everyday life.*
- Ensure that proper consent has been obtained prior to the commencement of any research project. This is especially so in the case of minors or persons with special needs.
- **N.B.** *This does not apply where general research of a purely statistical nature is being carried out. In longitudinal research, consent may need to be obtained at repeated intervals.*
- Understand that initial consent does not negate a participant’s right to withdraw at any stage of the research and further, that this must be made clear to the participant at the outset.
- Maintain complete openness and honesty with regard to both the purpose and nature of the research being conducted.
- Consider any potential adverse consequences to the research subject as a result of any intended research project.
- Accept that if, during research, a participant exhibits or presents with a condition they seem unaware of, then the researcher has a duty to inform the subject that they believe their continued participation may jeopardise their future well-being.
- Provide, where relevant, for the ongoing care of participants with regard to any adverse effects that might arise as a consequence of and within a reasonable time period after, their involvement within any research project.

- Understand and act upon the principle that the privacy and psychological well-being of the individual subject is always more important than the research itself.

Appendix

Recommended Procedure for Ethical Decision-Making.

Section 2. of the Code of Ethics and Practice deals with ethical awareness, and states that practitioners shall use a systematic procedure for making ethical decisions. The following procedure is recommended for dealing with both immediate dilemmas and routine work-related issues.

- Define carefully the issues and parties involved (the latter may include the practitioner, the client, members of the client's family, the practitioner's own employer and co-workers organisations purchasing or providing services, and the general public).
- Consult the Code of Ethics and Practice, and identify relevant principles and clauses. Also consult other applicable professional guidelines (e.g. from government departments, health boards) and any pertinent legislation.
- Evaluate the rights, responsibilities and welfare of all affected parties.
- Generate as many alternative decisions as possible - the more the better.
- Evaluate carefully the likely outcome of each decision.
- Choose what, in your professional judgment, is the best decision, implement it, and inform relevant parties.
- Finally, take responsibility for the consequences of the decision.

The complexity of ethical issues makes it likely that different principles and clauses will occasionally clash; in addition, the provisions of the Code of Ethics and Practice may also clash with the Law and / or other relevant guidelines. Unfortunately, the resolution of ethical dilemmas is not guaranteed to be simple.

However, the law accepts that professionals may make errors of judgment, and that these are not the same as malpractice.

The formal decision-making procedure is intended to reduce the incidence of decisions which are mistakes because they are taken in the heat of the moment, without consideration of all the relevant factors. What is required, in all cases, is a considered professional judgment taken in a systematic way.

It is desirable to keep a written record of deliberations at each stage of the process.