

Clinic For Professional Boundaries Studies

Code of Ethics

INTRODUCTION

Our code of ethics aims to be both a practical resource and a dynamic statement of the standards we strive to uphold.

We describe our code as dynamic because we regularly review our own ethical performance and consider our code of ethics to be a work-in-progress. As a result it is regularly updated to reflect the experience of staff and clients. We therefore encourage feedback on how this code could be improved.

We describe ourselves as striving because we believe that ethics is a skill that requires constant attention and practice. For this reason, our practitioners are familiar with this code of ethics so that they can use it as a tool to enhance their everyday practice.

In order to make our code of ethics transparent and coherent it is organised as a statement of our values, principles and rules, which are understood in the following way:

- **Values** are the enduring ideals on which our organisation is based. We have reduced them to three main values to ensure that they can be kept in mind and used for all decision-making.
- **Principles** are informed by our values but are more action orientated; they link our values to our rules. They are designed to encourage practitioners to become autonomous ethical decision makers within the framework of the code.
- **Rules** draw attention to areas of practice that are commonly noted by clients with regard to negative experiences. For this reason they are singled out for special consideration.

CORE PRINCIPLE

The scope of possible ethical dilemmas is vast, and sometimes ethical values, principles and rules conflict with each other. For this reason we believe that it is important to have a core ethical principle that can be used to test the specific circumstances of any situation. Our core ethical principle is:

The client's wellbeing is paramount. We will therefore always act in his or her best interests, within role, legal and regulatory limits and with due regard to the wellbeing of others.

We believe that practitioners can only accomplish this if they constantly question their own decisions and assumptions. One of the best ways of doing this is to take the principle of testing a situation to see if a person is being used instrumentally, that is *merely* as a means to an end and not as an end in that persons self. For example, if a staff member were to knowingly sign someone up

for an inappropriate course they would be using that person merely for financial gain and therefore as a means to an end, so we would consider such an action unethical. To help us with this we also attempt to look at a situation from the perspective of the other person.

INDIVIDUAL VALUES

We strive to ensure that the following individual values inform and underlie all of our work:

- **Accountability.** By accountability we mean that we are obliged, at all times, to account for our actions. This encompasses a commitment to fairness and justice and means doing all we can to reverse any wrong that may be done by the organisation.
- **Transparency.** By transparency we mean striving at all times to be open, clear and honest about all aspects of the organisation.
- **Respect.** By respect we mean treating all people with dignity, and considering each person as an individual with a unique perspective, which must be listened to and considered. We associate respect with an attitude of decencyⁱ.

INDIVIDUAL PRINCIPLES AND RULES

This code of ethics does not cover all possible ethical breaches. The principles and rules included have been chosen because research suggests that they are the ethical breaches that are of most concern to clients. In each section the principle is given in bold type and the rules are given as bullet points. The function of the principle is to provide an action-oriented statement that can be applied to any situation, in order to facilitate staff and clients to become autonomous ethical decision-makers. Each principle is followed by specific rules, which have been chosen because they are the areas that commonly cause problems.

This section is divided into the principles and rules that apply to individual practitioners and those that apply to the organisation as a whole.

INDIVIDUAL PRACTITIONERS

Prevention

Prevention means taking a proactive attitude to situations that could result in a negative experience for the client. We therefore require staff to:

- Discuss in supervision any adverse effects reported by clients. If reports persist the client should be offered consultation with another staff member as outlined in the document 'Guidance on therapy'.
- Be alert to signs of over dependency or an idealising transference and take appropriate action if such signs are present as outline in the document 'Guidance on therapy'.
- Be alert to strong feelings towards clients, and take these to supervision

- Acknowledge any distress that clients report in relation to a comment or event that occurs in their therapy. In many cases an apology is also an appropriate course of action. An apology does not necessarily equate with an acceptance of unethical behaviour.
- Act decisively when aware of the unethical behaviour of a colleague. This must be brought to the attention of the Managing Director or the Director of Public support at the earliest opportunity. If this becomes a disciplinary matter the reporting member of staff is required to fully participate in any professional conduct hearing. We do not recognise the concept of 'professional protection' as contained in some codes of ethics, beyond that which accords with the principle of behaving with respect and decency towards colleagues.
- Be aware of the potential for harm that can result from dual relationships. If a dual relationship has any adverse effect on the client the practitioner will be responsible.

Exploitation

Exploitation in therapy is the use of a client for personal gain.

The four main areas of exploitation are:

- **Sexual: It is never acceptable to use a client in a manner that is sexually exploitative or that the client feels is sexually exploitative.** Practitioners are forbidden from: making sexualised remarks, encouraging sexual feelings, persisting with intrusive questioning, failing to discuss the transference aspect of sexual feelings expressed by a client. All sexual contact is also forbidden. The perceived consent or encouragement of a client will *never* be accepted as a reason to engage in any of these activities.
- **Financial: it is never acceptable to use a client to further a business or financial interest beyond the payment of the agreed fee.** Practitioners are forbidden from using information obtained from a client for financial gain or using their connection with a client for financial gain. Unacceptable financial gain also includes encouraging a client to continue in therapy when there is no apparent benefit to the client, or where the client perceives there to be no benefit.
- **Emotional: It is never acceptable to use a client expressly for emotional gratification.** This occurs predominantly through the use of personal disclosure. Practitioners must not engage in disclosures or actions that enhance their own standing or image, solicit empathy, make the client feel *particularly* special or imply a 'soul-mate' type relationship.
- **Intellectual: The knowledge differential must never be used to the disadvantage of a client.** The worker must therefore be very cautious and must be able to justify any interventions based on professional knowledge. This can arise where the client's commonsense view of the world is subordinated to the professional's theoretical perspective
- **Neglect: It is never acceptable to knowingly neglect the needs of clients, where the worker has a responsibility.** It is important that proper up to date records are kept and that professional commitments made to clients are honoured.

Information

Client empowerment is inextricably linked to the provision of information.

The practitioner must take particular care regarding:

- Withholding communication: no communication received or made about a client will be withheld from them. Practitioners must inform clients about information received and sent and offer to provide the client with copies of that information if it is in written form.
- Informed consent: clients are entitled to be fully informed about all aspects of the service. Clients must be given information about the structure and expected duration of the service provided. Therapy clients must also be informed about the possibility of transference problems and dependency. They must be made aware of their right to question any aspect of the therapist's experience, qualifications, technique or reasoning.
- Information on ethical practice: Clients must be informed about the existence of The Clinic's code of ethics and be offered a copy of it and a copy of the document 'what to expect from your therapy'.

Confidentiality

Information given by a client is used entirely for the purpose for which it was given.

- Staff are forbidden from making information about clients available to anyone outside the organisation, this includes the fact that a client is known to the organisation.
- The only exception to the principle of confidentiality is where there is a legal requirement to divulge information, where the client has consented or where there is a serious risk of harm to the client or someone else.
- When information is shared between members of the organisation this must be proportional and relevant.
- All staff must abide by the organisation's confidentiality policy and must ensure that clients are given a copy of it. Details can be found in the document 'Policy on confidentiality'.

Professional competence

Professional competence means delivering consistent and competent services that meet all claims made about them.

- Staff will deliver services only when they are physically and mentally capable of doing so.
- Staff will deliver services only where they are trained or have the experience to do so and they will ensure that their knowledge and skills are kept up to date.
- It is the responsibility of staff members to ensure that their supervision arrangements are adequate.
- All therapists not covered by the organisation's professional indemnity insurance must have their own professional indemnity cover.

Self-determination

Clients are primarily citizens whose value system is incorporated into the therapeutic process except in cases where such a value system is likely to cause serious harm.

- **The therapeutic process.** The therapist is required to enter into a collaborative relationship with the client; this includes decisions about the therapeutic process and agenda.
- **Termination.** If the client chooses to terminate the therapy the therapist must do everything possible to facilitate that process even though it may be appropriate to discuss the possible reasons from a psychodynamic perspective. If a client brings up the question of termination, no matter how subtly, the therapist must engage in that conversation.

- **Questions.** In most situations questions posed by clients must be answered, though the therapist may *also* be justified in considering the question in terms of process and not just content. On occasions it may be appropriate to decline to answer a question, in which case the reason must be clearly given.

ORGANISATIONAL

As an organisation The Clinic undertakes to ensure that:

- All operational codes and policies are open for public scrutiny.
- We recruit, support and develop staff in line with our values.
- We take prompt action to respond to any reports of poor service, poor performance and misconduct by staff.
- We listen to our clients and customers and refresh our services and products according to need.
- We work to Key Performance Indicators that reflect our values.
- We agree clear contracts with all our clients and customers.
- We abide by relevant national standards, regulations and law.
- We will ensure that staff are supported to keep their skills and knowledge up to date and will only employ people with the appropriate level of skills and experience.
- We will not knowingly support malicious or manufactured complaints.

INFORMATION ABOUT THE CONSTRUCTION OF THIS CODE OF ETHICS

This code of ethics was written in August 2010 by Dawn Devereux and Jonathan Coe.

The categories contained in the code of ethics have been substantially influenced by:

- The experience of the former charity 'Witness'.
 - The comments of survivors of professional abuse.
 - A PhD research study which looked at the categories that clients consider important in a code of ethics (*Ethics in Principle and Practice: the Client's Experience of Psychotherapy*: Devereux, D).
 - A review of the literature on codes of ethics.
 - Consultation with people who have used services.
 - Consultation with ethics experts.
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