

## Code of Practice for Counsellors & Psychotherapists

All students and graduates are expected to adhere to the following professional standards. The term therapist is used to cover both counsellor and psychotherapist. Any breach of this Statement and Code should be brought to the attention of the therapist and his or her supervisor and the course tutor if there is one, and be resolved through supervision. If this is not resolved satisfactorily a complaint may be brought before the Standards and Ethics Committee and may lead to a student being asked to leave the training or a psychotherapy graduate being struck off the Register of Psychotherapists. This is not an exclusive list of professional expectations and complaints can be brought to the Standards and Ethics Committee where there is a clear allegation of practice being unprofessional even if it is in ways not listed currently in this document.

### 1. Relations With Clients

- 1.1. **Therapist Competence:** BCPC only trains students to practice as individual counsellors or psychotherapists. Practitioners who also work with families, couples, children or groups must ensure that they are adequately trained and supervised to carry out such practice. The therapist accepts clients commensurate with their training, skill and supervision arrangements. When faced with a client outside the competence of the therapist, the therapist will either refer the client to a therapist with the required skills or obtain appropriate supervision
- 1.2. **Professional Relationship:** The client-therapist relationship is professional. Sexual behaviour and other exploitation of the client-therapist relationship (e.g. financial and emotional) is considered unethical. It is recognised that the ethical responsibility and limitations stemming from the professional relationship will not lapse with the end of the therapy and any contact between therapist and former client would always need to fall within those ethical responsibilities and limitations. With this in mind a therapist should take into account the length of therapy and time elapsed since the end of therapy. Similarly, therapists recognise the importance of a good working relationship for effective therapy, and are aware of the power and influence this relationship gives the therapist. When committing to work with a client therapists need to carefully consider any relationship boundary issues or dual roles they may have which could compromise the integrity of the therapy. Therapists take steps to ensure that their sexual and emotional needs are met outside the therapy relationship.
- 1.3. **Contracts:** Contracts with clients are explicit regarding fees, payment schedule, holidays, cancellation of sessions by client or therapist, and frequency of sessions. Therapists make it clear whether it is psychotherapy, counselling, training or supervision that is being offered. The length of the therapy etc., the methods to be utilised, transfer of clients and terminations, availability of other practitioners are discussed with clients and mutual agreements sought. Therapists are expected to charge fees in accordance with their level of training and experience, and students within the current guidelines provided by BCPC staff. All changes in contract should be fully agreed by both parties, however should the therapist decide unilaterally to change fee level or terminate the therapy a reasonable period of notice must be given as well as reasons.

- 1.4. **Description of Status:** Therapists are open about their training, qualifications, years of experience, and other related information regarding their professional competence. Until officially qualified, students should not describe themselves as a “psychotherapist” or “counsellor”. (They could describe themselves as a “trainee psychotherapist/counsellor” or a “psychotherapist/counsellor in training with BCPC”). All therapists inform all clients, prospective clients and their official representatives of their professional body, its address and its Ethics, Code of Practice, Complaints and Appeals procedures when requested. Availability of the information should be made known.
- 1.5. **Facilities:** Therapists maintain suitable facilities and conditions for the type of therapy provided.
- 1.6. **Diversity and Discrimination:** Therapists will not express or show discrimination to clients on bases such as class, colour, disability/ability, gender, race, or sexual orientation. The therapist undertakes to actively consider issues of diversity and equalities and will take steps to ensure that their theory and practice is culturally sensitive. Therapists accept responsibility for examining their own prejudices and acknowledge the need for a continuing process of self-enquiry and professional development.
- 1.7. **Physical or Mental Health:** Therapists commit to a careful consideration of how, in the event of their sudden unavailability, they can most appropriately communicate this to their clients. This will include how a client might be informed of a therapist’s illness or death and, where appropriate, arrangements to support the client deal with such a situation.

## 2. Professional Issues

- 2.1. **Professional Development:** Therapists maintain professional relationships with colleagues (skill-sharing, support and concern for ethical issues, promotion of theory, research and practice of therapy). All therapists continue to maintain appropriate therapy and personal development for themselves, and appropriate supervision for their work. All therapists are required to show a commitment to continue their professional development. Regular supervision with an experienced therapist is necessary until the trainee has been awarded the diploma and practised for at least three years. Thereafter all therapists are required to have regular and ongoing formal supervision/consultative support for their work in accordance with professional requirements. Therapists must ensure that there is sufficient distance and appropriate boundaries in their supervision arrangements.
- 2.2. **Medical Support:** When a medical aspect of the client’s condition may be involved, a non-medical therapist will seek medical consultation (either physical or psychiatric) where appropriate and encourage the client to do so. Therapists will inform clients of their intentions to do so.
- 2.3. **Legal Support:** Therapists undertake to know and understand their legal responsibilities concerning the rights of children and vulnerable adults and to take appropriate action should they consider a child or vulnerable adult is at risk of harm.
- 2.4. **Advertising:** Advertising shall be limited to accurate information regarding qualifications and services. Demeaning and comparative statements about other therapies or therapists are considered unethical and should not be made. Neither should quotes from satisfied customers be used. All advertising, including letterheads

and appointment cards, must be explicit about being in training with BCPC. If you are advertising on the basis of previous trainings, these should be explicit about where you trained and the qualification received, whilst also stating that you are in training with BCPC.

- 2.5. **Indemnity Insurance:** Therapists are required to ensure that their professional work is adequately covered by appropriate professional indemnity insurance.
- 2.6. **Public Conduct:** Therapists recognise that their behaviour outside their professional life may impact on the relationship with their clients and will take responsibility for working with this impact in the interests of the client.
- 2.7. **Research:** Psychotherapists are required to clarify with clients the nature, purpose and conditions of any research in which the clients are to be involved and to ensure that informed and verifiable consent is given before commencement.
- 2.8. **Offences and Criminal Convictions:** All BCPC members have an obligation to report according to the laws of the land to the Chairperson of the Standards and Ethics Committee any criminal convictions that they have been found guilty of, as well as any other offences or actions that may bring the profession into disrepute. This information will be held in confidence except for purposes affecting registration or re-accreditation, but the UKCP Registration Board requires that information regarding criminal offences is reported to them, and they will decide upon action following recommendation from the Standards and Ethics Committee. Failure to inform the Standards and Ethics Chair may result in the members being struck off the Student and Professional Register.

### 3. Confidentiality

- 3.1. **Duty of Confidentiality:** The therapist commits to respect, protect and preserve the confidentiality of clients. The therapist undertakes to notify clients when appropriate or on request that there are legal and ethical limits of that confidentiality, and circumstances under which the therapist might disclose confidential information to a third party.
- 3.2. **Exemptions to Confidentiality:**
  - a) when working in a multi-disciplinary team, relevant information is shared
  - b) In transfer and referrals mutually agreed between client and therapist, pertinent information may be shared with the new therapist, with the client's permission
  - c) For supervisory or teaching purposes, but the client's identity is protected where possible. Where the client may be known to the supervisor or member of the supervision group in a non-professional capacity alternative supervision should be sought
  - d) If there is clear indication of probable serious physical danger to the client, to others, or to their property
  - e) When required by law.

- 3.3. **Report to Professionals:** When any report to other professionals e.g. doctor, probation officer etc is requested or exchanged involving disclosure of the client's identity, mutual agreement is sought with the client. Any reports are written in ways that treat the client professionally and with respect.
- 3.4. **Audio and Videotapes:** When a video or audio tape is made consent is obtained from the client specifying whether it can be shown to: a) public, b) trainees, c) other professionals, or d) just the therapist's supervisor. Similar permission must be sought for any research involving the client.
- 3.5. **Use of Confidential Material:** The client is informed of the therapist's stance concerning confidentiality, and in what ways confidential material is taken out of the session.
- 3.6. **Publication:** Therapists are required to safeguard the welfare and anonymity of clients when any form of publication of clinical material is being considered and to obtain their consent.

BCPC Standards & Ethics Committee 1988  
(revised 1989,1993 and April/September 1996)  
Adopted AGM BCPCA November 1996  
Amended July 1998. Standards and Ethics Committee in consultation with UKCP.  
Amended July 1999. Amended & Adopted at AGM Nov 1999  
Amended and Approved AGM Nov 2001 (2<sup>nd</sup> edition)  
Amended November 2003  
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