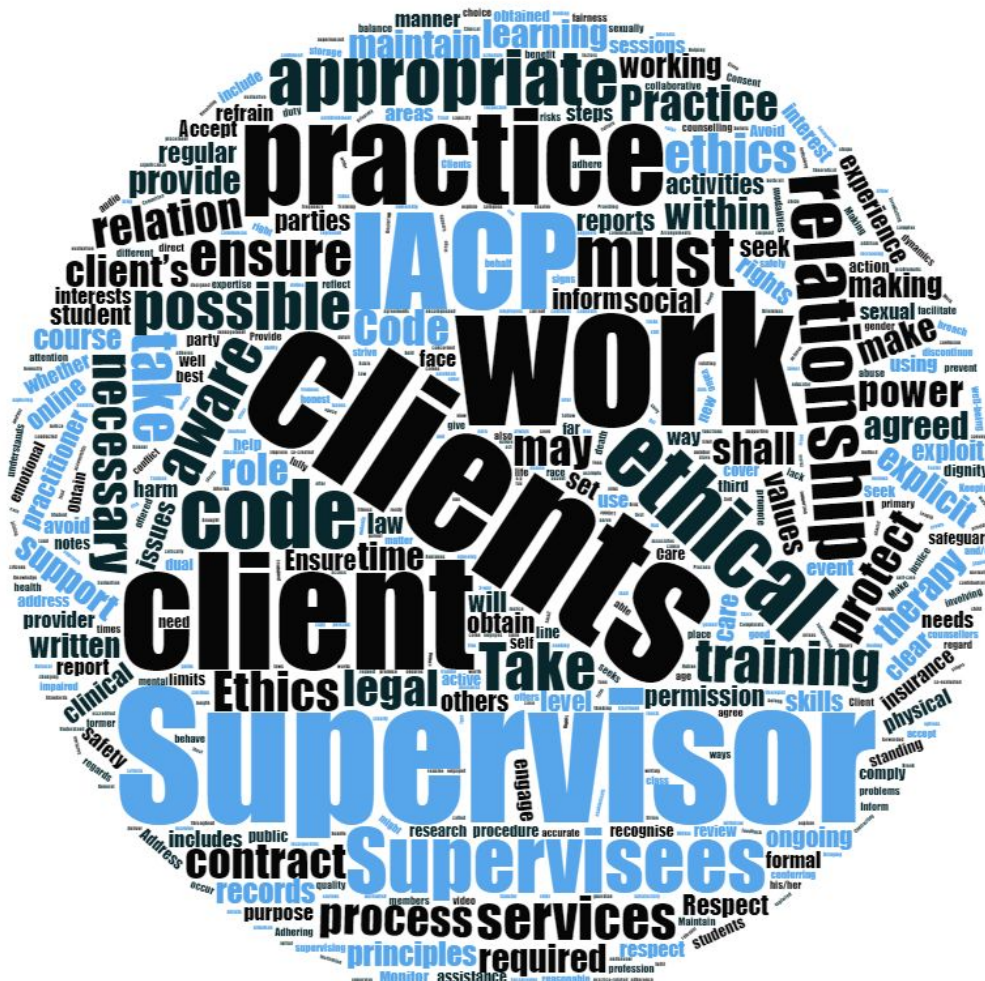




Irish Association for Counselling and Psychotherapy

IACP Code of Ethics and Practice



IACP Code of Ethics and Practice for IACP Practitioners

This Code of Ethics is designed to serve us in the interests of our profession. It seeks to protect our clients and ourselves. While this code cannot address all ethical and practice-related issues, it aims to provide a framework within which the optimum level of good practice will be maintained and offers us a moral compass to guide our work and serves to protect our professional standing.

Counselling and psychotherapy are professional, relational activities involving IACP members (hereafter called IACP practitioners) and their clients. The IACP practitioner offers an impartial, professional helping relationship which respects the client's autonomy and personal values.

IACP practitioners recognise the importance of confidentiality in establishing such a relationship. Counselling and psychotherapy are formal activities involving an agreed contract. To maintain their effectiveness, IACP practitioners must review their work regularly with a supervisor, and continuously monitor and develop their practice.

In joining the Association, IACP members agree to fully comply with the provisions of the Code of Ethics and Practice in relation to their work as counsellors and psychotherapists. In so doing, they agree, as IACP practitioners, to behave in an ethical manner in accordance with the code of ethics and practice. Practitioners are required to constantly examine ethical aspects of their work. In situations where ethical decisions are complex, and when different ethical principles and values come into conflict, the best decision comes from a systematic and critical consideration of the issue.

Like all citizens, IACP practitioners are subject to the Law of the Land, and their practice must conform to that law. The IACP code of ethics and practice adheres to the law of the land in so far as these laws are in line with natural justice.

The code of Ethics and practice for counsellors and psychotherapists provides a guiding framework, and an agreed commitment to best ethical practice and accountability. Its underpinning principles include:

- a) Autonomy: Respect for the autonomy and freedom of choice of each client and each practitioner
- b) Beneficence: A commitment to the welfare and well-being of each client.
- c) Non-Maleficence: A duty to avoid harm to any client.
- d) Justice: An adherence to justice, honesty and fairness in the treatment of each client.
- e) Care: The professional care of clients and colleagues, and an obligation to practitioner self-care

These five principles inform and shape the core values of:

- Respect for the rights and dignity of the client
- Professional responsibility
- Competence
- Integrity

1 Respect for the Rights and Dignity of the Client

Practitioners honour and promote the fundamental rights, dignity and worth of clients. They respect clients' rights to privacy, confidentiality, self-determination and autonomy, in so far as these are consistent with the practitioner's other professional obligations, and with the law.

More specifically, practitioners shall:

1.1 General Respect

- a) Have sensible regard for clients' beliefs and values. Strive to foster their health, safety, integrity, well-being and rights of others.
- b) Not allow their service to clients to be diminished by factors such as age, class, culture, disability, education, ethnicity, gender, party politics, race, religion, sexual orientation, or social standing.
- c) Work in ways which promote clients' personal autonomy, freedom of choice and self-direction

1.2 Privacy and Confidentiality

- a) Ensure that the setting for sessions is appropriately private.
- b) Treat in confidence information about clients, whether obtained directly or indirectly or by inference. Such information includes any details of the client's life and circumstances which might make the client identifiable to others.
- c) Ensure that information which may lead to the identification of clients is not transmitted through overlapping networks of confidential relationships.
- d) Comply with any legal requirements concerning their work and where necessary inform clients of the legal responsibilities in so far as it may affect them. Practitioners have a responsibility to inform their clients in relation to the limits of confidentiality, including statutory reporting obligations with regard to child protection issues. Practitioners discuss the limits of confidentiality with the client at the time of initial contracting.
- e) Break confidentiality only where required by law, or where there are grounds for believing that clients will cause harm to themselves or others. Where feasible practitioners shall endeavour to obtain the client's consent, where the client is able to give that consent. Practitioners engage in a process of consultation, as appropriate, with their clinical supervisor, local duty social worker, in advance of any such disclosure. At all times practitioners take responsibility to a process of action that ensures the safety of those at risk. Within this process, practitioners minimise any breach of confidentiality by conveying only that information which is necessary and only to relevant persons.
- f) Inform the client about the implications for confidentiality in relation to clinical supervision.
- g) In supervision and consultation about clients, where possible refrain from revealing information that identifies the client.
- h) Store, handle, transfer and dispose of all records including written electronic audio and video in a way that safeguards the client's right to privacy.
- i) If requested, Inform the client of the length of time records are held.
- j) Acknowledge and respect client's rights to access their notes and records.

1.3 Informed Consent and Freedom of Consent

- a) Ensure that the client consents to participate at all stages of the therapeutic process and respect the client's right to discontinue at any time.
- b) Provide opportunity during the course of the therapeutic relationship for a review of the contract
- c) Not normally act on behalf of their clients. If they do, they shall ensure that the consent is obtained in advance of any proposed action.

- d) Where the client is concurrently engaged in another professional helping relationship, obtain the client's permission (preferably in writing) before conferring with the other professional if such conferring is necessary in the interests of the client and of good practice.
- e) Practitioners should make clear whether they provide reports and the type of reports they provide. When requested to provide reports to third parties on behalf of a client. Practitioners must first obtain the permission of their client and the report must be accurate and honest. On request the client must be supplied with a copy of the report.
- f) Obtain the client's consent before making audio or video recordings of sessions, making him or her aware of the purpose, storage and disposal of same.
- g) Obtain in advance the client's consent to attendance at sessions by third parties
- h) Ensure that identities are carefully disguised and obtain consent when publishing research or case studies concerning clients or supervisees,
- i) Parental participation is important in order to support a young person in the therapy process. Both parents, where possible, should be invited to take part in the therapy process and provide their written permission for Counselling/Psychotherapy to proceed. It is important to obtain written permission from both parents/legal guardians before commencing Counselling/Psychotherapy with a minor (A minor is a person under the age of eighteen).

However, sometimes there are situations where it is not possible to obtain written permission from both parents/legal guardians. Where circumstances such as this arise, written permission must be obtained from at least one parent/legal guardian prior to the commencement of Counselling/Psychotherapy. If it is not possible to obtain permission from both parents/guardians, this should be formally recorded by the Counsellor/Psychotherapist.

It is incumbent on all who engage in this work to maintain an up-to-date knowledge base regarding child protection and relevant legislation. IACP Members qualified to work with under 18s, are expected to have a competent knowledge of all legal requirements which govern children's lives and the competencies for those working with minors in a professional context.

2 Professional Responsibility

Practitioners have a responsibility to know, understand and abide by the IACP code of ethics and practice. They are aware of their professional responsibilities, and at all times take action to fulfil these responsibilities.

More specifically, practitioners shall

2.1 Professional and Ethical Awareness

- a) Accept the requirement to understand and work within the provisions of this code of ethics and practice.
- b) Accept the requirement to maintain continuing professional development and regular ongoing supervision.
- c) Accept the requirement to keep their skills and knowledge up to date with best practice.
- d) Accept the requirement to be aware of applicable legal, ethical, professional and organizational standards and practices.

2.2 Self-Care

- a) Take responsibility to protect and monitor their own physical, emotional, mental and psychological wellbeing at a level that enables them to work effectively with their clients. This active self-care includes:
 - Taking precautions to protect their own physical safety
 - Monitoring their own psychological and physical health

- Seeking professional support and services as the need arises
- Keeping a healthy balance between work and other aspects of life

b) Monitor themselves for signs of impairment from their own physical, mental, or emotional problems. Practitioners refrain from offering or providing professional services when their professional functioning is impaired due to personal or emotional difficulties including illness, bereavement, trauma, alcohol or drug misuse or dependency, or any other significant distress.

c) Take responsibility to seek appropriate professional assistance for problems that reach the level of professional impairment. Practitioners also take responsibility to inform and consult with their supervisor in relation to such issues, and when necessary, for the safety of their clients, and their own wellbeing, limit, suspend or terminate their professional responsibilities until it is determined with their supervisor that they may safely resume their work.

d) Provide consultation and assistance when warranted with colleagues showing signs of professional impairment and intervene as appropriate to prevent imminent harm to clients.

2.3 Appropriate therapeutic relationships with clients

a) Take responsibility for the setting and monitoring of appropriate, boundaries within the practitioner/client relationship, making these explicit to the client.

b) Take responsibility for making a clear contract with the client to include issues such as availability, fees, and cancelled appointments. Practitioners ensure that the contract is agreed, if feasible, before work commences. Any subsequent revisions of the contract shall be agreed with the client before they take effect.

c) Take responsibility to be aware of the power differential in their work with clients, and take care not to exploit or abuse their power.

d) Take responsibility not to exploit their clients financially or engage with their clients sexually or in any other inappropriately exploitative manner. Practitioners must be aware of their own needs and must not abuse their clients in meeting those needs.

2.4 Record Keeping & Continuity of Care

a) Maintain and safely store records appropriately.

b) Take responsibility to securely dispose of records in an appropriate timeframe after the termination of therapy.

c) In the event of a practitioner needing to discontinue services, give reasonable notice when possible, and ensure continuity of care where possible.

d) Refer clients to other appropriately qualified practitioners or to other professionals when it is appropriate to do so.

e) Where possible make suitable arrangements for the responsible care of clients and the management of records in the event of the practitioner's ill-health, retirement and termination of practice. Practitioners need to have in place a procedure that would protect their clients in the event of their death while still practicing or a sudden illness which would prevent them from practicing.

2.5 Relationships with other professionals

a) Take responsibility to behave in professional activities in such a way as not to undermine public confidence in the profession.

b) Take responsibility for the honest and accurate representation of their experience, qualifications and the services they provide.

- c) Take responsibility to comply with statutory law, finance and tax regulations in relation to their professional practice.
- d) Respect different orientations and schools of therapy.
- e) Foster appropriate inter-disciplinary relationships with other professionals when in the service of their clients.

3 COMPETENCE

Practitioners strive to ensure and maintain high standards of competence in their work. They take responsibility to be aware of the limits of their own competency and to recognize the boundaries of their competence and limitations to their expertise.

More specifically, Practitioners shall:

3.1 Competence and education

- a) Be competent to deliver the services being offered and carry out only those professional activities for which they have established their competence to practice
- b) Have completed a recognized training and achieved a level of competence before commencing practice. When providing services, practitioners use techniques, procedures, and modalities that are grounded in research and theory. They practice only within the boundaries of their competence, based on their education, training and supervised professional experience.
- c) Not use techniques/procedures/ modalities when substantial evidence suggests that these may be harmful, even if such services are requested.
- d) Practice in areas new to them only after appropriate education, training, and supervised experience. While developing skills in the new speciality areas, Practitioners take steps to ensure the competence of their work and protect others from possible harm.
- e) Avoid engaging or continuing in therapeutic relationships if lacking the competence to be of professional assistance to such clients. It is an indication of the competence of practitioners that they recognise their lack of training or experience and make appropriate referrals.
- f) Continually monitor their effectiveness as professionals and take steps to develop this where necessary. Practitioners engage in adequate clinical supervision and consultative support to evaluate and ensure their efficacy. The volume of supervision should be in proportion to the volume of therapeutic work undertaken, as required by the IACP membership guidelines.
- g) Recognise that it is unethical for practitioners to practice without regular clinical supervision.

3.2 On-line Competency

- a) Adhere to the ethical principles and values set out in this code of ethics whether working online, electronically, face to face or using any other methods of communication, in delivering services to a professional standard.
- b) Be aware of potential risks and take precautions to protect and safeguard the online therapeutic process.
- c) Undertake training to develop the necessary skills and knowledge with regards to the technical, ethical, and legal considerations when engaging in distance therapeutic encounters using on line technology, and/or social media.

4 Integrity

In all professional activities, Practitioners, must accept the importance of behaving with integrity, honesty, fairness and respect for others.

More specifically, practitioners shall:

4.1 Honesty and Accuracy

- a) Ensure that they accurately represent their education, training, experience and Association membership status in all spoken, written or printed communications.
- b) Avoid misrepresentation or exaggeration about therapeutic competency and expertise in the services offered.
- c) Avoid offering clients a false or unreasonable expectation of therapy.

4.2 Conflict of Interests and Exploitation

- a) Be acutely aware of the power dynamics of the Practitioner/Client relationship and shall not exploit clients in any way.
- b) Be aware of existing power imbalances in engaging with a former client in any other relationship after the conclusion of a therapeutic relationship. It is recommended that practitioners refrain from engaging with former clients in any sexual relationship.
- c) Understand 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 possible, practitioners avoid such relationships; where it is not possible then take appropriate steps to safeguard the interests of those involved.
- d) Where possible avoid conflicts of interest that may affect the relationship with the client; where it is not possible, make these conflicts of interest explicit to the client.
- e) Seek supervision and /or consultative support on all issues relating to conflict of interests.

4.3 Resolving Dilemmas

- a) Use critically reflective procedures and resources of support, particularly supervision, in making ethical decisions and resolving ethical dilemmas.
- b) Take an active role in resolving conflicts of interest between themselves and third parties where there are implications for the client.
- c) Be accountable for, and be ready to explain the premise underpinning their thinking and decision making in addressing such dilemmas.

4.4 Breaches of Code of Ethics and Practice

- a) Take responsibility to work within the guidelines of this code of ethics and practice. When breaches of the code occur, the following procedures might follow:
 - Address privately with a colleague If that colleague appears to be engaging in a breach of the code of ethics.
 - Address and process such breaches with your supervisor with a view to a resolution.
 - Breaches may be brought confidentially and without malice to the attention of the IACP Complaints Committee. (Ref: IACP complaints procedure)

IACP Code of Ethics and Practice for IACP Supervisors

Supervision is seen by the IACP as a collaborative process, vital for the well-being of the client and the development of the practitioner. Supervision is a formal mutually agreed arrangement within which the supervisee discusses his/her work on a regular basis with their Supervisor.

All IACP practitioners are bound by the IACP Code of Ethics and Practice to monitor their work through regular Supervision to ensure competency, efficacy, ethical standards and ongoing learning & education.

The term “Supervision” encompasses a number of functions including supporting, developing and monitoring practitioners in their work with clients. To this end, Supervision is concerned with:

- Monitoring and safeguarding the interest of the client
- Providing support, challenge and a reflective learning space for practitioners
- Ensuring that ethical standards are maintained

The purpose of this code is to establish and maintain standards for Supervisors in their supervisory work with practitioners. This code applies to all supervision models and arrangements. This code is encompassed within the IACP Code of Ethics and Practice for Practitioners

The Code of Ethics seeks to inform and protect Supervisees seeking Supervision. By agreeing to comply with this code, Supervisors and Supervisees reaffirm their assent to the IACP Code of Ethics and Practice for Practitioners. Supervisors accept their responsibilities to Supervisees and their Clients, their agencies, their colleagues, the wider community and this Association.

S1 The Supervisory Relationship

- a) The Supervisor should strive to create and maintain a collaborative relationship that nurtures the Supervisees’ professional competence.
- b) The Supervisor must be aware and make explicit the power differential in the relationship and not exploit this power.
- c) The Supervisor should be able to balance support with challenge so that the supervisee can benefit from new learning as appropriate to the Supervisee’s stage of professional development.
- d) The Supervisor must clearly set, define and maintain ethical boundaries between professional, personal and social relationships with their Supervisees.
- e) The Supervisor may not enter into any sexual relationships with Supervisees.
- f) The Supervisor should refrain from engaging in dual relationships where possible bias and role confusion may occur.

S2 Issues of responsibility

Given that the primary purpose of supervision is to ensure the supervisee is addressing the needs of the client and their own professional learning needs; Supervisors are responsible for:

- a) Helping supervisees reflect on their work
- b) Adhering to the principles embodied in this Code of Ethics and Practice.

- c) Making sure Supervisees are not exploited financially, sexually, emotionally or in any other way in the supervisory relationship.
- d) Establishing clear working agreements and contracts, indicating the role of the Supervisor and the role of the Supervisee, and clarifying the responsibility of Supervisees for their own continued learning and self-monitoring.
- e) Declaring their specific areas of competencies and non-competencies.
- f) Recognising the value and dignity of Supervisees and their Clients irrespective of age, class, disability, ethnicity, gender, party politics, race, religion, sexual orientation or social standing.
- g) Holding appropriate malpractice and professional indemnity insurance as well as public liability insurance for their supervision work.
- h) Satisfying themselves that their Supervisees (other than trainees) have the following measures in place
 - They belong to a Professional Counselling/Psychotherapy Association
 - They subscribe to and adhere to the code of ethics and practice of that Association
 - They are subject to the Association's complaints procedure
 - They have appropriate malpractice and professional indemnity insurance as well as public liability insurance cover.
 - That their client practice is appropriate to their level of competence and training.
- i) Monitor their own professional supervisory competency. Supervisors are required to engage in supervision of their own supervisory practice, as well as ongoing continuous learning and development in relation to their supervisory competence.
- j) Where a Supervisor has serious concerns regarding the quality of a Supervisee's work, they should take all reasonable steps to address and resolve the situation. This process includes options such as:
 - Bringing these concerns to the attention of the Supervisee
 - Seek Professional Consultation
 - Encouraging the supervisee to seek personal therapy or other professional help.
 - Referral of the matter, if necessary, to the Supervisee's accrediting body

Both Supervisor and Supervisee have a shared responsibility for:

- k) Setting and maintaining clear boundaries between the Supervisory relationship and friendships or other dual relationships.
- l) Making explicit the boundaries between supervision, consultancy, therapy and training.
- m) Distinguishing between supervising and counselling of the Supervisee.
- n) Regularly reviewing the effectiveness of the supervision arrangement and changing it where necessary.
- o) Considering their respective responsibilities to the client and to each other in relation to the Supervisee's employment, training or placement organisation (if any).
- p) Ensuring that maximum benefit is gained from supervision time.
- q) Adhering to and implementing mandatory reporting guidelines.

r) While it is the role of the Supervisor to facilitate the Supervisee to explore and reflect on their therapeutic work with clients, there is an understanding that the ethical and legal responsibility for the work remains with the Supervisee.

s) Supervisees are responsible for their work with the Client, and for honestly presenting and exploring that work with their Supervisor.

S3 Contracting and Management of Supervision

a) The Supervisor takes responsibility for establishing a supervision contract with their supervisees.

b) When a contract is being co-created, there is an opportunity to clarify in more detail the expectations of both/all parties regarding tasks, roles, responsibilities and competencies.

c) Supervisors and Supervisees should make explicit the expectations and requirements they have of each other. This should include the manner in which any formal assessment of the Supervisees' work will be conducted. Each party should assess the value of working with each other and review this regularly.

d) The Supervisor informs their Supervisees of their supervision qualifications, theoretical approach and method of working.

e) A contract should cover an agreed time span and provide ongoing reviews

f) The Supervisor should be explicit regarding practical arrangements for supervision and ensure that this is an agreed arrangement by all parties. It will cover such practical arrangements such as:

- Fees
- Length of contact time and frequency of contact
- Confidentiality and exclusions to confidentiality
- Process of dealing with exclusions to confidentiality
- Arrangements in the event of the illness or death of the Supervisee or Supervisor
- How to monitor and report if there are concerns about professional competencies and fitness to practice.
- Supervisee notes, Supervisor notes (ownership, storage, use, research).
- In relation to a Trainee Therapist, the establishment of a 3-way contract between Supervisor, Supervisee and the Training Institution including responsibility for written assessments.

S4 Evaluation and Feedback

a) The Supervisor provides regular feedback to supervisees on their work. The Supervisor clarifies that the purpose of feedback is to facilitate learning. Supervisors should provide feedback that is direct and clear while at the same time protecting the supervisory relationship.

b) Supervisors should seek feedback from their Supervisees about the quality of the supervision they offer and use that feedback to improve their supervisory competence.

S5 Competence.

IACP Supervisors are required to:

a) Be experienced Counselling/Psychotherapy Practitioners.

b) Have undertaken professional training as a clinical Supervisor, as set out by IACP.

- c) Continuously seek ways of increasing their professional competence and development of their supervisory skills.
- d) Make explicit their specific areas of competencies & non-competencies.
- e) Make arrangements for their own consultancy and support to help them monitor and evaluate their supervision work. This includes having supervision of their supervisory work.
- f) Monitor and maintain their own effectiveness. They may need to seek help and or withdraw from the practice of supervision if their competence and capacity to supervise is impaired.
- g) Maintain an active current practice in Counselling/ Psychotherapy and Clinical Supervision.

S6 Supervision Online Competency

a) Knowledge and Competency

The Supervisor who engages in distance supervision using on line technology, and/or social media must develop the necessary skills and knowledge with regards to the technical, ethical, and legal considerations of such Supervisory encounters.

b) Standards re Competence re online Supervision.

The Supervisor will adhere to the ethical principles and values set out in this code of ethics whether working online, electronically, face to face or using any other methods of communication, in delivering services to a professional standard.

- c) The Supervisor must be aware of potential risks and take precautions to protect and safeguard the online Supervisory process.

S7 Supervising Students

The Supervisors role with students incorporates all the requirements as set out for supervising accredited and pre-accredited practitioners with the addition of the following:

- a) The Supervisor should be acutely aware of the power differential in the dynamics of his/her work with student Supervisees. The Supervisor should not exploit this power particularly in relation to the increased role of evaluation and assessment.
- b) The Supervisor must familiarise themselves with the criteria of the course providers and ensure that the student works within those standards.
- c) The Supervisor understands that their role as an educator is of primary significance in working with students.
- d) The Supervisor provides the student with ongoing feedback regarding their work. They also schedule formal evaluative sessions throughout the supervisory period as required by their course provider.
- e) Where a Supervisee exhibits a lack of professional competence, the Supervisor has an ethical responsibility to discuss this with the supervisee in a direct and supportive manner and if necessary refer this to the course provider.
- f) Before reports on the student's work are forwarded to the course provider, these reports should be co-evaluated by both the Supervisor and Student. The Supervisor must ensure that the student understands fully what is contained in the report.
- g) If the Supervisor has concerns about a student's ability to achieve satisfactory counselling competencies the supervisor should

- Address these concerns with the student
- Seek professional consultation on the matter
- If required address these concerns with the course provider

End of code

February 2017

IACP Ethics Committee

Gillford D'Souza

Rita O'Quigley, Secretary

Ann McDonald, Chair of the Ethics Committee

In late 2014, The IACP Ethics Committee was given the task of updating and revising the IACP Code of Ethics by the Board. On review of the existing code, the Committee agreed that the well-defined core structure would be kept in place. After a stringent process of research, analysis of codes from other international psychotherapy accrediting bodies, many meetings and a lengthy process of public consultation with IACP members and committees, the updated code was devised.

Changes include ethical consideration of new technology, online work and more on competency, professional responsibility and self-care in the interests of the welfare of clients and practitioners.

We would like to thank the Members of the Ethics Committee, Ann McDonald, Gillford D'Souza and Rita O'Quigley, and all IACP members who wrote with their suggestions and revisions. We hope that the revised Code will meet the needs of practitioners in their work with clients and supervisees.

Please note that the revised Code of Ethics is now available to download on the IACP website under:

<http://www.iacp.ie/iacp-code-of-ethics>

The revised Code of Ethics and Practice will replace previous version of the IACP Code of Ethics and Practice from 1st January 2018.