

Code of Conduct and Ethics

Introduction

1.1 The purpose of this code is to establish and maintain standards for members of the MIIPC, to inform and protect members of the public seeking and using the services of its members.

1.2 All members of this Institute are required to abide by existing codes of practice appropriate to their professions. While this code cannot cover all ethical and conduct related issues, it aims to provide a framework for addressing ethical issues by setting out minimum standards for conduct with which members are expected to comply.

1.3 Where a person receiving a service from a member of the Institute or a member of the Institute is dissatisfied or has a complaint with regard to the conduct of a member of the Institute, it should be directed in writing to the chairperson of the Management Committee.

1.4 In the event of a complaint being received the chairperson of the institute will forward this to the chair of the ethics committee to investigate the complaint. The member will be informed of the complaint in writing.

1.5 The chair of the ethics committee will investigate the complaint; gather evidence and interviewing all parties involved.

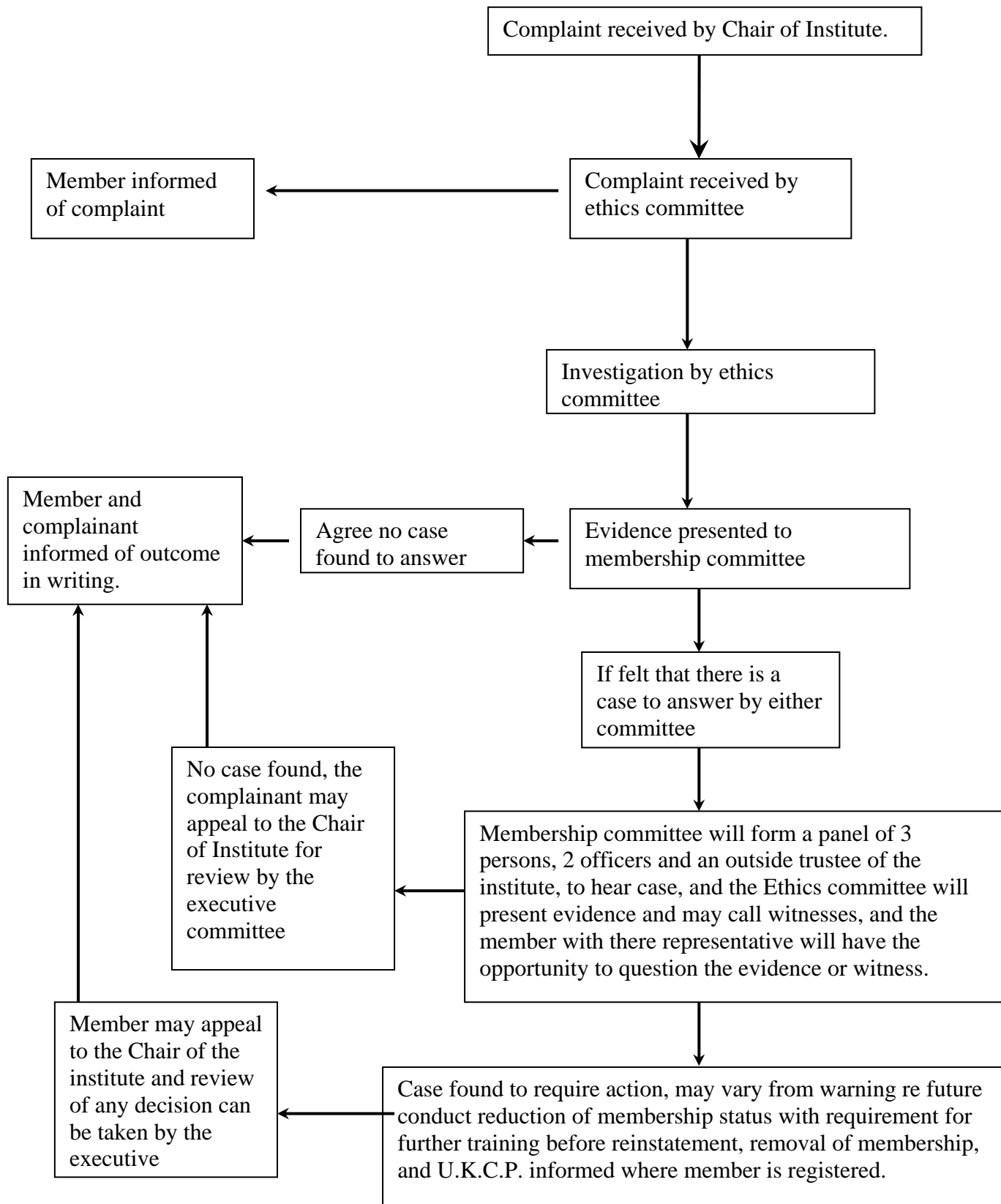
1.6 The results of the investigation will be presented to the membership committee with a recommendation for further action. Where it is felt that there are grounds for a case of misconduct then the member will be invited, with a representative of their choosing, to a hearing of the complaint.

1.7 At the hearing the ethics committee will present its evidence/findings to the membership committee and the member will be able to question and put forward their case to the membership committee who make recommendation as to the continuing membership of the individual or conditions of their membership.

1.8 The membership committee will make a recommendation to the management committee as a result of the hearing, which may lead to the removal of membership of the institute and the reporting of the incident onto the UKCP.

1.9 Where a member or complaint are unhappy with the outcome of the complaints procedure the Chair of the Institute with the executive committee will hear any appeal against the decision of the membership and adjudicate on matters that may arise.

FLOW CHART FOR COMPLAINT PROCEDURE.



2. Code of Ethics

- 2.1** Psychotherapy and Counselling is a non-exploitative activity. Its basic values are of respect, integrity and impartiality. Members should take the same degree of care to work ethically whether the service they are providing is paid or voluntary.
- 2.2** Members should always act in such a way as to promote and safeguard the interests and well being of clients undergoing therapeutic interventions.
- 2.3** Members should ensure that no action or omission on their part or within their sphere of responsibility is detrimental to the interests, condition or safety of clients.
- 2.4** Members shall take all reasonable steps to monitor and develop their own competence and to work within the limits of that competence. This should include having appropriate ongoing supervision and consultative support.

3. Code of Conduct

- 3.1** Members shall have respect for the religious, spiritual, political and social views of any individual, irrespective of race, colour, creed or sex. (See equal opportunities policy appendix B).
- 3.2** In all their work, members shall conduct themselves in a manner that does not bring into disrepute the profession of psychotherapy and counselling. They should aim to develop a good relationship and work co-operatively with other care professionals.
- 3.3** Members should recognise the boundaries of their own competence and not attempt to practice any form of psychotherapy or counselling for which they do not have an appropriate qualification from a recognised body for that area of work.
- 3.4** Should they be requested to provide a service, which they judge to be outside their personal competence, they should give every reasonable assistance to obtain those services from other that are appropriately qualified.
- 3.5** Members should behave with respect, courtesy, dignity tact and discretion and should take measures to ensure that the client suffers neither physical nor psychological harm during that therapy.
- 3.6** Members are responsible for working in ways, which promote the clients' control over his/her own life and respect the clients' ability to make decisions and change in the light of his/her own beliefs and values.
- 3.7** Members must not exploit their clients emotionally, sexually, financially or in any other way.

- 3.8** Members shall endeavour to maintain and develop their professional competence, to recognise and work within their own limits and to identify and ameliorate factors, which restrict it.
- 3.9** Any publicity material, written and/or oral information with regard to the service's member's offer should accurately reflect the nature of the service on offer and the training qualifications and relevant experience of the therapist. Members should take all reasonable steps to honour undertakings offered in this information.
- 3.10** Members should refrain from practice when their physical or psychological condition, as a result of alcohol, illness, drugs or personal stress is such that abilities or personal judgement are seriously impaired.
- 3.11** Members are required to review their need for professional indemnity insurance and to take out such policy when appropriate. Members should seek advice from the Institutes Executive Committee if they have doubts with regard to their insurance.

4 Obtaining Consent

- 4.1** Members are responsible for communicating the terms on which therapy is being offered, to include availability, the degree of confidentiality and their expectations of clients regarding fees, cancelled appointments and any other significant matters. The communication of terms and any negotiations over these should be concluded before the client consents to proceed with the therapy.
- 4.2** Members should obtain permission from clients before conferring with other profession workers.
- 4.3** Members should respect and uphold the rights of those whose capacity to give valid consent to therapeutic interventions may be diminished. This may include those with learning difficulties, the young, the elderly and those in the care of an institute or detained under provision of the law.
- 4.4** Where therapeutic interventions are offered to those in no position to give valid consent, members should establish who has legal authority to give consent and to seek consent from that person/s.
- 4.5** Members should recognise and uphold the rights of clients to withdraw consent to therapeutic interventions after they have begun. They should also terminate or recommend alternative services when there is evidence that those clients are deriving no benefit.
- 4.6** Members should refrain from making sensational and unjustifiable claims for the effectiveness of their methods of practice in such a way likely to encourage unrealistic expectations about the effectiveness of the service being offered.

5 Confidentiality

5.1 Members shall maintain adequate records but shall take all reasonable steps to preserve their confidentiality of information acquired through their professional practice and to protect the privacy of the individuals about whom the information is held.

5.2 They should endeavour to communicate information obtained through research or practice in ways, which do not permit the identification of individuals.

5.3 Members should work within the current agreement with their client about confidentiality. This should be made clear at the beginning of the therapeutic contract.

5.3 Exceptional circumstances may arise where the therapist may have cause to believe that the client will cause serious physical harm to him/her self or others or have harm caused to them. In such circumstances, the client's consent to a change in the agreement about confidentiality should be sought, wherever possible, unless there are good grounds for believing that the client is no longer responsible for his/her own actions. The decision to break confidentiality should be made only after consultation with a supervisor or experienced colleague.

5.4 Members should only make audio or video recordings of client sessions, or of participants in research, with the expressed agreement of those being recorded, both to the recording being made and to the subsequent conditions of access to it.

5.5 When writing about specific situations for case studies, reports or publications, it is important that the author either has the client's informed consent or effectively disguises the client's identity.

5.6 Members should be aware that the computer-based records are subject to statutory regulations under the Data Protection Act, 1984.

6 The Law

6.3 Members should work within the boundaries of the law.

6.2 Members should take all reasonable steps to be aware of the current law affecting the work of psychotherapists and counsellors.

7 Confidentiality with the Legal Process

7.1 As a general rule, there is no legal duty to give information spontaneously or on request until instructed to do so by a court of law.

7.2 There is no legal obligation to answer a solicitor's enquiry or to make a statement for the purpose of the legal proceedings unless ordered to do so by a court of law.

7.3 There is no legal obligation to attend court at the request of parties involved in a case, or at the request of their lawyers, until issued with a witness request or subpoena requiring attendance to answer questions or produce documents.

7.4 Once in a witness box, there is a duty to answer questions when instructed to do so by the court. Refusal to answer could be punished as contempt of court unless there are legal grounds for not doing so.

7.5 If police have obtained a warrant from a circuit judge they have powers to seize confidential files. It may be an offence to obstruct the police from taking them under these circumstances.

7.6 Members should seek legal advice if they are in doubt about their legal rights.

7.7 Members are reminded that if they take notes into the witness box, these may be called in evidence.

8 Research

8.1 In all circumstances, investigators must consider the ethical implications and psychological consequences for the participants in their research. The investigation should be considered from the standpoint of all participants are, any foreseeable threats to their psychological well being, health, values or dignity should be eliminated.

8.2 Whenever possible, the investigator should inform the participants of all aspects of the research or intervention that might reasonably be expected to influence willingness to participate. The investigator should also normally explain all other aspects of the research or intervention, about which the participants enquire, except under certain circumstances.

9 Deception

9.1 The withholding of information or the misleading of participants for the purpose of research is unacceptable if the participants are likely to object or show unease once debriefed. Where there is any doubt, appropriate consultation must precede the investigation, for example, the advice of Ethics Committees or experienced and disinterested colleagues.

9.2 Participants in research should never be deliberately misled. There should be strict controls on research studies and the supervision from an impartial individual.

10 Debriefing

10.1 In studies where participants are aware that they have been taking part in an investigation, after the data has been collected, the investigator should provide the participants with any necessary information to complete their understanding of the nature of the research. The investigator should discuss with the participants their experience of the research in order to monitor any misconceptions unforeseen negative effects. If there is a need for support following research, the researcher must take reasonable steps to provide that support.

10.2 Debriefing does not provide justification for unethical aspects of any investigation.