



**Irish Institute of
Cognitive & Humanistic Psychotherapy**

Code of Ethics & Practice

Valid from 4th April, 2012

**IICH
6 Nutley Lane
Dublin 4**



IICHP CODE OF ETHICS & PRACTICE

For Cognitive & Humanistic Practitioners & Therapists

1. Introduction

- 1.1 The purpose of this Code is to establish and maintain standards for psychotherapists who are members of the Irish Institute of Cognitive and Humanistic Psychotherapy and to inform and protect members of the public seeking and using their services. All levels of membership are governed by this code. Members who are accredited with other professional bodies consent to be governed by this Code of Ethics and Practice when they practise cognitive and humanistic psychotherapy
- 1.2 A lack of awareness or misunderstanding of any part of this code is not a defence for unethical conduct. If the meaning of any part of this document is unclear to an individual, it is the responsibility of that Member to contact the Executive Committee for clarification.
- 1.3 The term 'client' refers to the recipient of Cognitive and Humanistic Psychotherapy. The terms 'practitioner' and 'therapist' are interchangeable.
- 1.4 Whilst this Code cannot take into account all ethical and practical related issues, it aims to provide a framework for addressing these matters and to encourage optimum levels of practice.

2. Cognitive & Humanistic Psychotherapy

- 2.1 Cognitive & Humanistic Psychotherapy is a brief and solution-focused model, based on belief in the client's innate capacity for self-determination.
- 2.2 The primary aim of Cognitive and Humanistic Psychotherapy is to empower clients to take control of their lives and enhance their wellbeing and to provide a supportive framework for change to take place.

3. Responsibility to the Client

- 3.1 The nature of the therapy and the terms upon which it is being offered should be made clear to clients before the work commences. It is the client's choice whether or not to participate.
- 3.2 Therapists must ensure that clients are attending of their own volition and not at the behest of a partner or family member.
- 3.3 If a practitioner wishes to obtain or issue a report relevant to the client, consent from the client and other parties, if applicable, such as parent or guardian, should also be sought and recorded.
- 3.4 Therapists in practice are responsible for establishing and monitoring boundaries of the therapeutic relationship and making these explicit to the client.

- 3.5 Clients should be offered privacy for therapy sessions. If therapists are seeing fee-paying clients in the therapists' own homes, they are responsible for providing a professional environment which assures safety and privacy.
- 3.6 Clients should not be observed or overheard by anyone other than their therapist without having given informed consent. This consent also applies to audio/video taping of sessions.
- 3.7 Therapists should take all reasonable steps to ensure that clients suffer neither physical nor psychological harm during therapy.
- 3.8 Practitioners/therapists must not exploit their clients either financially, sexually, emotionally or in any other way.
- 3.9 At the conclusion of therapy, practitioners must ensure that their clients are satisfied with the outcomes achieved, or they must provide referral to more suitably qualified therapists. If this is not an option, then clients should be advised to consult their primary care providers.
- 3.10 It is important to maintain and respect professional standards in any relationship following the agreed-upon ending of therapy.

4. Advertising Cognitive and Humanistic Psychotherapy

- 4.1 Any promotional and / or advertising material, including all written and oral information, should accurately reflect the nature of the service offered and the training, qualifications and relevant experience of the psychotherapist.
- 4.2 When advertising Cognitive and Humanistic Psychotherapy, therapists should limit the information to a description of the services offered together with contact details and relevant qualifications, including the level of the practitioners' certification and scope of practice. All such announcements should be accurate in every detail. They should refrain from making exaggerated or unverifiable claims for the effectiveness of their methods and from advertising their services in a way likely to encourage unrealistic expectations.
- 4.3 Therapists/practitioners should not display an affiliation with an organisation in a manner which falsely implies the sponsorship or verification of that organisation.

5. Contracting

- 5.1 Cognitive and Humanistic Psychotherapy therapists are responsible for communicating to the client, in writing, the terms upon which psychotherapy is being offered, including availability, fees and cancelled appointments.
- 5.2 At the client's request, information should be given about records kept, access to these records, and their availability to other people, including the degree of security with which they are kept.
- 5.3 Practitioners have a responsibility to establish with clients whether they, the clients, are currently working with any other therapeutic, medical or helping professionals. If the therapist wishes to confer with other professional care providers, the client's permission must first be obtained in writing. This action may involve a decision on the part of the therapist whether or not to engage in work with the client, or the client with the Cognitive and Humanistic Psychotherapy practitioner or therapist.

5.4 It is unethical to denigrate other therapies that the client may have attempted or other therapists with whom the client may have been engaged. It is equally unethical to guarantee or claim, by statement or implication, a successful outcome for your own modality, unless the word 'guarantee' means an explicit undertaking to refund the fee paid for a session should the client be unhappy with the result.

6. Confidentiality

6.1 Where necessary, therapists are responsible for the secure transit, storage, retrieval and disposal of records both written and electronic. It is also important for Cognitive and Humanistic Psychotherapy therapists to leave written instructions concerning transfer or disposal of all client records in case of their sudden demise or incapacitation.

6.2 The therapist is responsible for indicating clearly, in advance of engaging in therapy, the limitations on confidentiality offered. Confidential information concerning a client is not to be divulged to others except in the following circumstances:

- When working in partnership with the client's primary care-giver or a multi-disciplinary medical or mental health team where information is shared.
- In supervision, consultation, or for teaching purposes where the client's identity is protected and to which the client has given written consent. Care must be taken to ensure that personally identifiable information is not transmitted through any overlapping networks of confidential relationship. For this reason, it is good practice to avoid identifying specific clients during supervision or other consultations, unless there are sound reasons for doing so.
- In transfers and referrals, mutually agreed upon with the client, information may be shared, with the client's permission;
- When a report is requested by others e.g. doctors, probation officers, courts, etc., a mutual agreement is sought with the client and a signed consent is obtained; (See also Section 7)
- When video or audio recordings are made, a signed, freely given consent is obtained from the client specifying the agreed-upon audience. Examples of such audiences could include the public, trainees, or other professionals. There is also agreement as to if and when such a recording will be erased. Where the client consents, the ownership of such recordings belongs to the therapist. Recordings should never be made without the consent of the client.
- Where clear evidence that serious harm to a client or others is likely, and there is a belief that this can be averted by such action. It is well to note that this is particularly applicable in a circumstance where the clients are believed to represent a danger to themselves or to other persons. Prior consent should be obtained from clients unless there is good reason for believing they are no longer able to take responsibility for their own actions. In these instances the advice of the client's primary care provider and the therapist's clinical supervisor should be sought.

6.3 Special care is required when writing about specific psychotherapeutic situations for case studies, reports or publications. It is important that the client's valid consent is obtained or that his or her identity is effectively disguised.

6.4 Care should be taken to protect the rights of children in situations where a therapist has knowledge or suspicion that a child is being abused or is at risk of abuse. It is important that all Cognitive and Humanistic Psychotherapy therapists & practitioners are obliged to be informed of their legal responsibility toward children and minors in the country where they practise.

- 6.5 Whenever possible, the decision to break the confidentiality agreed between therapists and clients should be made only after consultation with a clinical supervisor or an experienced therapist/practitioner. Therapists have an obligation to keep up to date on legal and ethical practices as well as social issues.
- 6.6 Agreements about confidentiality continue after the client's death, unless there are overriding legal or ethical reasons.
- 6.7 Where it is deemed desirable to break confidentiality, the minimum necessary information should be revealed to as few people as possible. The aim is to enable clients to resume taking responsibility for their actions.

7. Confidentiality and the Legal Process

- 7.1 Sometimes there is a legal duty to reveal client information, for instance, if the therapist is summoned with a subpoena from a court of law.
- 7.2 Cognitive and Humanistic Psychotherapy Therapists/Practitioners should seek legal advice and contact their supervisors if they are in any doubt about legal rights and obligations, before risking acting in ways which conflict with their agreement with clients.

8. Competence

- 8.1 Therapists should actively monitor the limits of their own competence through therapy supervision and/or consultative support.
- 8.2 Cognitive and Humanistic Psychotherapy practitioners should not practise when their professional judgement is impaired by excessive stress caused by factors such as drugs, alcohol, or illness. Where they become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity.
- 8.3 Competent therapists recognise their lack of training, expertise or experience to work with highly complicated or high-risk situations and make appropriate referrals
- 8.4 Therapists shall have regard for clients' moral and cultural values and shall not allow their services to clients to be affected by any bias regarding gender, sexual orientation, race, age, nationality, politics, social status or class. Where therapists believe their impartiality is compromised by such factors, they shall refer their client to another competent colleague.
- 8.5 Therapists should have received adequate, IICHP-approved training before commencing to practise. They should hold membership of IICHP; hold adequate professional indemnity & public liability insurance; maintain ongoing professional development, keep up to date with new knowledge and procedures and engage with a clinical supervisor for support (See Section 9).
- 8.6 Therapists should take all reasonable steps to ensure their own physical safety.
- 8.7 Members of IICHP should not conduct themselves in their therapeutic activities in ways which undermine public confidence in Cognitive and Humanistic Psychotherapy.
- 8.8 Members of IICHP are required to adhere to this Code of Ethics. Where professional misconduct by a member is suspected, there is a responsibility to ensure necessary steps are taken to resolve the matter. This may involve implementing the Complaints Procedure (See Section 11).

9. Clinical Supervision/Consultative Support

- 9.1 Clinical supervision/consultative support describes a formal arrangement which enables therapists to discuss their work regularly with one or more practitioners who are suitably qualified and competent to provide this service. It is a confidential relationship.
- 9.2 Therapists should practise with regular supervision and consultative support.
- 9.3 The volume of supervision should be in proportion to the volume of client work undertaken. The ratio of supervision to client hours is determined by the IICHP Executive Committee and is subject to revision as required.

10. Research

- 10.1 The use of personally identifiable material gained from clients or by observation of Cognitive & Humanistic Psychotherapy should be used only after the client has given written consent, taking care to ensure that consent was freely given.
- 10.2 Therapists conducting research should use their data accurately, restricting their conclusions to those compatible with their methodology.

11. Inquiries into allegations against members

The INSTITUTE OF COGNITIVE AND HUMANISTIC PSYCHOTHERAPY has a Complaints, Fitness to Practise and Appeals Committee (hereinafter called IICHP Complaints Committee) which looks into allegations against members.

Every complaint is considered in line with the IICHP Complaints Procedure which is available to all members.

The Complaints Committee decides whether there is a case to answer and, if there is, deals with the complaint according to the Complaints Procedure. If it is found that a case against a member is well founded, the IICHP Complaints Committee can take appropriate measures against a member as necessary and this can include expulsion from membership.

When an allegation is made against a member, the IICHP Complaints Committee will always take account of these standards when it decides whether to uphold the allegation.

The IICHP may uphold an allegation against a member even if this document has not specifically mentioned the details of the issues that arise in the particular case. Because of this, the IICHP will always consider, individually, every case referred to it.

4th April, 2012.