



## **Code of Ethics & Practice**

### **INTRODUCTION**

BAPPS has developed a Code of Ethics and Practice which provides a framework for members to manage their Professional responsibilities and relationships, addresses ethical issues and sets out the optimum standards of practice.

All BAPPS members are therefore required to abide by

- The BAPPS Code of Ethics and Practice
- Their own professional Codes (but not taking precedence)
- The UKCP and CPJA Codes of Ethics and Practice\*

It is understood that no set of guidelines can cover every eventuality and that conflicts will inevitably arise. In this situation, members are required to seek advice and be responsible for making an informed judgement appropriate to the circumstances.

\*As an organisational member of the United Kingdom Council for Psychotherapy (UKCP) and its Council for Psychoanalysis and Jungian Analysis, BAPPS abides by their Codes of Ethics and is committed to working within their values and principles. Therefore BAPPS members will also need to be aware of their UKCP and CPJA responsibilities in their ethical and professional conduct.

## **1 Responsibilities**

### **1.1 For Professional Conduct**

- a. Members must conduct themselves in their supervision-related activities in ways which promote and maintain public and professional confidence in their role as a supervisor.
- b. Members must not exploit the dependence of the supervisee in the supervisory relationship sexually, financially, or in any other manner. Members are responsible for ensuring that any relationship with a supervisee after the termination of the contract is not exploitative.
- c. If a member is aware of a possible misconduct by another supervisor which cannot be resolved or remedied after discussion with the supervisor concerned, they should implement the UKCP CCP (Complaints & Conduct Process) and/or BAPPS Grievance Procedure where the supervisors are BAPPS members, doing so within the boundaries of confidentiality required by the BAPPS Complaints Procedure.

## **1.2 In their Supervisory relationships**

### **Facilitative**

- a. Members must recognise, and work in ways that respect the value and dignity of supervisees and their clients with full regard to issues such as race and ethnic origin, social and economic status, culture, gender, age, beliefs, sexual orientation, lifestyle, health and abilities or disabilities, and take responsibility for raising awareness of any discriminatory practices that may exist between supervisees and their clients, or between member(s) and supervisee(s).
- b. Members must consider with their supervisees, their mutual and respective legal liabilities to clients, to each other, and to any employing or training organisation. The member is responsible for clarifying legal liabilities from an informed position, and seeking legal guidance when necessary.
- c. Members are responsible for encouraging and enabling supervisees to present and explore their work as honestly as possible.

## **1.3 Identifying and acting upon areas of concern**

- a. Members have a responsibility to enquire about any other relationships which may exist between supervisees and their clients, because of the risk to supervisees' objectivity and professional judgement.
- b. Members are responsible for taking action if they are aware that their supervisee's practice is not in accordance with the relevant Codes of Ethics & Practice.
- c. Members are responsible for helping their supervisees explore and recognise when their functioning as therapists is impaired, for example due to personal or emotional difficulties, any condition that affects judgement, illness, the influence of alcohol or drugs, and any other reason, and for ensuring that appropriate action is taken.
- d. Members should consider whether their approach to the work is appropriate for a particular supervisee and/or client and should be prepared to make referrals at any stage in the work if it appears to be in the supervisee's and/or the client's interests.

## **2 Boundaries**

### **2.1 Boundary conflicts in professional relationships**

- a. Members must not supervise the therapeutic work where the patient/client is a relative, friend or colleague nor, with foreknowledge, with anyone closely connected with an existing patient/client, except in exceptional circumstances
- b. Members are responsible for seeking careful and appropriate consultation before former clients are taken on as supervisees or former supervisees are taken on as clients.
- c. Members and supervisees should take all reasonable steps to ensure that any personal or social contact between them does not adversely influence the effectiveness of the therapy supervision process.

### **2.2 Within Supervision**

- a. In providing supervision, members must maintain a consistent working environment with clear boundaries of time, space, and contact, give adequate notice of any changes or planned breaks wherever possible, and explain and agree arrangements for payment of any fees at the outset.

- b. Supervision may contain some elements of training, personal development or organisational management, but is primarily intended for the supervision of clinical work; appropriate maintenance of boundaries should be observed.
- c. Members are responsible for setting and maintaining the boundaries between the supervision relationship and other professional relationships, e.g. training and management.
- d. Members must ascertain what personal counselling /therapy the supervisee has had/is having, and have regard to this in supervising the supervisee's clinical work.
- e. Members who become aware of a conflict between an obligation to a supervisee and an obligation to an employing agency or training body must ensure the supervisee has a clear understanding of the nature of the conflict and the responsibilities involved.

## **3 Confidentiality**

### **3.1 The General Principle**

- a. Members must not normally reveal confidential information concerning supervisees or their clients to any person or through any public medium without the express consent of all parties.
- b. In circumstances which might give rise to any possible conflict of interest or breach of confidentiality, the member must, whenever possible, seek the consent of the supervisee and consult with another experienced supervisor before any decision is taken.
- c. Where it is believed that disclosure of confidential information is necessary to prevent emotional or physical harm to the client, it is normally the supervisee who would effect the disclosure. However the duty to ensure that this happens is vested in the supervisor (See Code 3.3 below)

### **3.2 Breaking confidence is permissible with consent when**

- a. making recommendations concerning supervisees for professional purposes such as references or referrals
- b. the member considers it necessary to prevent emotional or physical harm to the client, the supervisee or a third party protected by law.

### **3.3 Circumstances where breaking confidence is permissible without consent are**

- a. When required to do so by a court of law ie: under subpoena. In such a situation the member is required to consider the potential impact of breaking confidentiality, to consider the limits of the requirement and to seek appropriate legal and ethical advice.
- b. In respect to disciplinary action against the supervisee in matters of ethics and practice. The matters disclosed must be limited to information directly pertinent to the situation and on a need to know basis.
- c. Professional consultation is particularly important in circumstances where the member has good grounds for believing that disclosure of confidential information is necessary to prevent serious emotional or physical harm to the client, the supervisee or a third party protected in law, and also has grounds for believing that the supervisee is not able or willing to take responsibility for his/her own actions.
- d. Where the supervisor and the supervisee disagree about the degree of risk, focus on the safety of the client and others whom they may harm must be paramount to the decision.

- e. If the Supervisor is responsible for ensuring disclosure (see **3.1.c** above) s/he must exercise professional judgement as to whether they think the appropriate disclosure has been made, and if for any reason they believe it may not have, s/he has a duty to make the disclosure themselves.

### **3.4 Children, Young People and Vulnerable Adults**

Supervisors working with supervisees who work with children, young people and vulnerable adults must be aware of the additional legal responsibilities and requirements with regard to the sharing of information and safeguarding responsibilities. Members must also have a good understanding of referrals processes.

(See the UKCP PwCC Supervision Documents on working with children)

### **3.5 Publication:**

- a. Other than completely unidentifiable/disguised use, when a member wishes to publish or use in public material about a supervisee's client, the supervisee's and client's verifiable consent must be obtained prior to publication.
- b. Members must act in the best interest of the supervisee and client, and safeguard their welfare and anonymity
- c. Members are required to refrain from publishing material where to publish or to seek consent to publish might disturb, disrupt or damage the therapeutic aim.

**3.6 Research:** BAPPS Members are required to clarify with supervisees/patients/clients the nature, purpose and conditions of any research in which the supervisees/patients/clients are to be involved and to ensure that informed and verifiable consent is given before commencement

## **4 Contracting**

### **Fostering openness and best practice**

- 4.1** Members are required to disclose their qualifications when requested.
- 4.2** Where the same person has supervisory and managerial responsibility/is both line manager and clinical supervisor to a practitioner, the supervisor is responsible for maintaining rigorous boundaries between the two roles. The supervisee may use grievance and complaints processes if s/he believes that either the quality of the clinical work or her/his status as an employee is adversely/unfairly affected by the dual role.
- 4.3** Members who become aware of potential conflict(s) between an obligation to a supervisee and an obligation to an employing agency or training body must make explicit to the supervisee the nature of the conflict and the responsibilities involved, and have an ethical duty to take steps to resolve any actual conflict that occurs.
- 4.4 Assessment**
  - a. Members must ascertain what personal counselling /therapy the supervisee has had/is having, and have regard to this in their supervisory work.
  - b. Members should consider whether their approach to the work is appropriate for a particular supervisee and/or client and should be prepared to make referrals at any stage in the work if it appears to be in the supervisee's and/or the client's interests

- c. If, in the course of supervision, it appears that personal therapy may be necessary or useful for the supervisee to be able to practice effectively, the member has a responsibility to raise this with the supervisee.

#### **4.4 Members are responsible for ensuring that**

- a. supervisees can present and explore their work as honestly as possible
- b. supervisees are helped to reflect upon their work
- c. the best use is made of supervision time, in order to address the needs of the clients.
- d. within group working that agreement is reached on sharing time so that each individual has space to present and explore their work
- e. clinical responsibility is clarified:
  - in private practice remaining with the supervisee
  - in training and agency work this is negotiated with the relevant organisation and made clear to the supervisee
- f. expectations and requirements of each other are clear

#### **Agreeing terms**

#### **4.5 Members and their supervisees should agree to ongoing terms and conditions which include:**

- fees and their reviews
- frequency of meeting
- appraisal/assessment requirements
- fees for references, reports and work done outside sessions times.
- When working with trainees, the boundaries of the member's responsibility and accountability to their supervisees and the agency/training must be clearly set out.
- Supervisors should ascertain that their supervisees have appropriate professional indemnity insurance (and of course must have their own).

## **5 Professional Standards**

**5.1** Members must manage their work in a professional and ethical manner.

**5.2** It is normally unethical for members to offer supervision if they are not also currently practising as therapists appropriate to their training and experience [see guidance].

**5.3** Members are required to refrain from any behaviour that may be detrimental to the profession, colleagues or supervisees, including use of published, broadcast and social media which brings the Association or the profession into disrepute.

**5.4** Members concerned that a colleague's conduct may breach the relevant Codes of Ethics and Conduct are required to initiate the UKCP Complaints and Conduct Process, and any other applicable Complaints Procedure that may be a requirement of their position.

#### **5.5 Advertising**

- a. Members may advertise services; however advertising, including the use of personal websites, must be limited to a statement of name, address, qualifications and type of supervision offered. Such statements should be descriptive but not evaluative.
- b. Membership of BAPPS does not imply any representational function, and members

must not suggest in any statement that they speak on behalf of the Association without specific permission from the BAPPS Board.

## **Managing Professional Competence**

### **5.6 Fitness to Practice**

- a. Members are responsible for deciding if and when they may need to re-enter therapy in order to maintain their commitment to optimal standards of practice.
- b. Members are responsible for monitoring their physical and emotional health and must take necessary breaks from work to ensure physical and emotional fitness to practise.
- c. Members are expected to seek satisfaction and interests outside work so that supervisees and /or clients are not the main source of either.

### **5.7 Consultative Support**

- a. Members are responsible for ensuring that they have in place suitable supervision of supervision (sometimes known as professional consultation)
- b. They are responsible for ensuring that this takes place at a frequency that will support them and their clinical work appropriately
- c. And in all cases identified elsewhere in this Code (**3.1.b; 3.3.c**)

### **5.8 Continuing Professional Development**

Completion of training assumes a level of competence in theoretical understanding and clinical application. As Accredited Supervisors, members are required to:

- monitor their competence on a regular basis
- identify areas requiring development and to take steps to ensure that their competence is maintained to the required high professional standard.

## **List of Appendices**

### **Appendix 1: Guidelines for Professional Practice in the Event of Accident, Illness, Death and Unforeseen Circumstances**

Revised October 2014