

BRITISH PSYCHODRAMA ASSOCIATION

ETHICS FOR PRACTICE

June 2008, (Revised July 2010)

Introduction

The code of Ethics for Practice is a document that describes the ethical values, beliefs and standards to which all therapists must adhere in their professional practice. These shared values include:

- promotion of free speech and human rights.
- commitment to anti-discriminatory practice.
- awareness of, and commitment to, challenging oppression and discrimination.
- awareness of, and respect for, the professional integrity of colleagues.

The Code aims to define our relationship and responsibilities to clients, peers and colleagues and the wider society. Registrants are required to provide to clients information that reflect the principles of the Code. This can be done by either making the Code accessible to clients or by providing information that is tailored to a specific client group. Registrants must ensure that they accurately represent themselves in terms of their professional experience, qualifications and memberships of professional organisations.

The Professional Conduct Committee (PCC), an elected committee of registrants, reviews its documents related to professional practice on a regular basis. The PCC ensures that all documents reflect changes in the professional practice of psychotherapy, evidence-based research and the requirements of its governing body, the United Kingdom Council for Psychotherapy (UKCP)

1. General standards

1.1. Registrants should at all times be mindful of the integrity and welfare of the people they work with and take all reasonable steps to ensure that their welfare is protected. This means registrants need to:

- Ensure all their work is grounded in humanistic principles, which acknowledge the integrity and value of all people
- Be aware of the potential impact of oppression (e.g. associated with gender, ethnicity, sexuality, (dis) ability or age) **and** power within interpersonal interactions between client and registrant
- Take responsibility for exploring and challenging internalised prejudices that may affect the way they practice
- Challenge, where appropriate, prejudices and/or discrimination by peers (e.g. as trainees) or practitioners (e.g. within supervision)
- Ensure they work in an impartial and respectful way whatever role they hold (therapist, trainer or supervisor)
- Seek informed consent at every stage of their work, particularly should conditions or terms vary
- Ensure they do not in any way intimidate or exploit those they work with (e.g. financially, sexually, physically or emotionally)
- Engage with appropriate education, training and professional development opportunities at all stages of their career (from the point of registration as a trainee up to and including achieving senior trainer status).

1.2. Registrants must not mis-represent themselves. Specifically:

- Once entered on the training register, psychodrama trainees can use the title Trainee Psychodramatist or Trainee Psychodrama Psychotherapist. Similarly sociodrama trainees can use the title Sociodrama Trainee or Trainee Sociodramatist.
- Only registered practitioners may use the title Psychodramatist/ Psychodrama Psychotherapist or Sociodramatist.
- Only those who have completed appropriate assessed additional training can use the term Psychodrama or Sociodrama Trainer
- Similarly only those who have completed appropriate assessed additional training can use the term Psychodrama or Sociodrama Senior Trainer.

A member of the Association found using titles other than in accordance with the above guidance would have contravened the Code of Practice.

1.3. Registrants must ensure that the BPA is not brought into disrepute.

1.4. Any advertisement by a registrant should present a clear unambiguous statement of services they offer.

- 1.5. All registrants must ensure that they have adequate Professional Indemnity Insurance.
- 1.6. Registrants have the responsibility to acknowledge research and where appropriate initiate, assist or participate in extending professional knowledge and understanding.
- 1.7. Qualified registrants must undertake continuing professional development to meet registration requirements and to maintain good practice.
- 1.8. Registrants should be aware of professional boundaries (e.g. with regard to sexual conduct) and ensure appropriate boundaries are maintained at all times (e.g. a supervisor should not enter into sexual relationship with those they supervise).
- 1.9. Registrants need to ensure they do not use their professional work primarily to satisfy their own emotional needs.
- 1.10. Registrants must recognise the limits of their professional/personal boundaries and seek assistance if their boundaries are in danger of being breached.
- 1.11. Registrants should not practice if their mental or physical ill health is liable to have a detrimental effect on their clients. This includes the misuse of substances that may be detrimental to professional practice.
- 1.12. Registrants concerned that a colleague's conduct breaches the professional standard expected of a registrant should bring it to the attention of the Chair of the PCC.
- 1.13. Registrants accept that they may be required to counsel and support another registrant against whom a complaint has been made to the PCC (see complaints procedure).
- 1.14. Registrants should be aware of, and comply with, Data Protection legislation.
- 1.15. Anyone who wishes to pursue a complaint against a registrant must do so using the BPA complaints procedure.
- 1.16. Registrants understand the Professional Conduct Committee (PCC) is empowered to undertake an inquiry following a complaint being made about them (details of the conduct and possible outcome of any inquiry are documented in the complaints procedure).
- 1.17. Registrants who are training or supervising registrants accept that they will be required to deal with alleged breaches of the Code if the occasion arises. They will ensure they do so in a sensitive and respectful manner.

1.18. The resignation of a registrant will not prevent an investigation of an alleged breach of the Code that took place during their membership of the BPA.

2. Specific: client

2.1 Confidentiality

2.1.1. The registrant should discuss confidentiality (including reference to this Code) with clients **before** they engage in therapeutic or any other form of action work.

2.1.2: Registrants will treat as privileged all information about a client, however generated, unless the client specifically agrees that information is communicable to another party or parties¹.

2.1.3. Communication of confidential information is permissible under the following circumstances:

- In discussions with the registrants identified supervisor or supervisors²
- When an individual (including a group member) has reason to believe that a breach of professional conduct has taken place, which they may then discuss with the chairperson of the Professional Conduct Committee.
- With other professionals directly involved with the client (with the client's permission).
- When writing or teaching others
 - the information should be presented in such a way that the client's anonymity is carefully preserved
 - consent should be sought wherever possible.

¹ The registrant may, after careful consideration of information received, believe the client, another individual or society generally could be in danger of serious harm. Under these circumstances information can be shared with appropriate authorities or other professionals (see especially appendix D – Saafeguarding Children Guidelines). Further, a Court Order to reveal information regarding a client may take precedence over this Code. In such circumstances the registrant will need to carefully consider the consequences of failure to provide information and, where appropriate, seek legal guidance.

² Registrants may receive individual or group supervision. The registrant needs to clarify with the client (or clients) what form their supervision takes and provide the client (or clients) with details of the supervisor (or supervisors)

2.2 Remuneration

2.2.1. Registrants in private practice must not offer a commission, fee or privilege to any person making a referral.

2.2.2. Registrants must not use information received in the course of their relationship with clients or trainees for personal gain.

2.2.3. Registrants in private practice must ensure any contract clearly sets out terms: fees charged; payment method; any special conditions that apply.

2.3 Contract

2.3.1. Registrants must obtain a clear written or verbal contract before commencing work.

2.3.2. The client and registrant must review the contract at regular intervals to ensure that the client's welfare remains paramount.

2.3.3. The registrant must ensure that appropriate time and attention is given to the conclusion of the contract.

2.4. Boundaries

2.4. 1. Registrants will give attention to the physical environment in which they work with clients ensuring it is appropriate and safe.

2.4.2. Registrants working for an agency, institution or other employer should observe the highest standards of safety and concern for the well-being of clients, whether or not they conform with those of the institution, agency or employer's standards should they be lower.

2.4.3. Careful consideration, and discussion in supervision, should be undertaken before entering into a social relationship with a client.

2.4.4. Careful consideration, and discussion in supervision, is required where multiple role relationships exist or arise with a client (e.g. colleague and client).

2.4.5. It is highly unethical for a trainer/therapist/supervisor to exploit their client in a financially, sexually, physically, emotionally or in any other way.

2.4.6. A registrant should not enter into a sexual relationship with a former client.

2.4.7. Registrants should inform a client of any aspect of the therapy that might affect their therapy (e.g. use of videotape, other recording systems, two-

way mirrors). The registrant must obtain clear, informed written consent³ from all participants involved in recorded or observed sessions. Registrants must inform clients that they have the right to withdraw their consent at any time. (see appendix E).

2.5. Professional conduct

2.5.1. Registrants should regularly review therapeutic work with the client and supervisor.

2.5.2. Registrants must keep adequate and legible professional records⁴. Registrants must keep their confidential records secure and take steps to restrict access to their records if they work in an institution.

2.5.3. Registrants must ensure clients are aware of the following: ownership of records; storage of records; access to records.

2.5.4. When dealing with psychosexual issues, registrants should treat with appropriate caution the re-enactment of those specific events where inappropriate sexual activity was involved. In particular, where there has been sexual abuse; any technique should be carefully selected to minimise the possibility of compounding the abuse.

3: Specific – training

3.1. Trainers have a dual duty of care to their trainees and clients receiving a service from a trainee.

3.2. Trainers are responsible for ensuring that trainees are competent in practice by the end of their training.

3.3. The primary purpose of training is training not therapy. Trainers must treat personal information with sensitivity and may direct a trainee to undertake a further period of therapy if they can demonstrate that unresolved personal issues are impeding training progress.

3.4. Personal information disclosed as part of a trainees' training will be treated confidentiality except:

- Where it appears a trainee has breached BPA ethics for practice
- Where a complaint has been made against a trainee
- With a trainee's permission
- Linked to assessment and/or evaluation for training purposes

⁵ The needs of people who may not be able to read/ write, have specific communication needs (e.g. due to physical disability) and those who speak English as their second language need to be considered when obtaining informed consent – for example, other formats may be used.

⁴ Records include audio, visual and electronic material, as well as written records.

- Where a trainer believes the trainee, another individual or society generally could be in danger of serious harm

3.5. Trainers must model role boundaries and should not offer trainees personal therapy or supervise them whilst they are in training.

3.6. Trainers must provide comprehensive pre-course information – for example, selection procedures, course requirements, assessment, costs.

3.7. Trainees and trainers are jointly responsible for the trainees learning and must monitor and review progress at regular intervals.

3.8. Trainers need to work with trainees to ensure they identify appropriate practice opportunities and supervision when undertaking the practice elements of their training.

3.9. Each training organisation will publish a grievance, complaint, disciplinary and appeals procedure for trainees.

3.10. Trainees must comply with requirements to progress and qualify.

3.11. Should a trainee not be satisfied with the way a trainer or training organisation has discharged their responsibilities and has exhausted internal processes they may then refer to the BPA Accreditation Committee, the appropriate section of the UKCP and ultimately, if necessary, the Governing Body of the UKCP.

3.12. Training organisations must not accept a client (or former client) as a trainee until a period of 12 months has elapsed from the end of their previous contact with any trainer associated with the Training Organisation.

4: Specific – supervision

4.1. Supervisors have a dual duty of care to their supervisees and clients receiving a service from those they supervise.

4.2. Supervision offers a specific contracted forum within which supervisees can explore, review, monitor and assess their practice on a regular basis.

4.3. Supervision can take different forms⁵, including:

⁵ Supervision forms identified with an * are not suitable for trainees. They are also unsuitable as the sole form of supervision for newly qualified practitioners (less than two years post qualification). Finally, all registrants, even if they engage in these forms of supervision, must also ensure they access formal supervision on a regular basis.

- One to One Formal (regular with an identified supervisor)
- Group Formal (regular with identified supervisor/s)
- Peer Formal (regular structured meetings with a peer)*
- Peer Group Formal (regular structured meetings with peers)*
- Consultative Support Informal (ad hoc, needs led, consultation with an appropriate supervisor)*
- Collegial Support Informal (ad hoc, needs led, discussion with a peer or peers)*.

4.4. Supervision may contain elements of personal development, training or line management but it is not primarily intended as such

4.5. Supervision needs to consider and take account of the setting within which the supervisee practices.

4.6. Supervisors must agree terms and conditions with supervisees, which address key issues including: confidentiality; safety (of clients and supervisees); acceptable standards of practice; frequency and duration of supervision; remuneration; roles and responsibilities; potential role conflict; disagreements and how these may be resolved. Where the supervisee is a trainee terms and conditions should also include clarification of the supervisor's accountability to the supervisee and the training organisation.

4.7. Personal information disclosed as part of supervision will be treated confidentiality except:

- Where it appears a supervisee has breached BPA ethics for practice
- Where a complaint has been made against a supervisee
- With a supervisee's permission
- As agreed when a supervisee is a trainee
- Where a supervisor believes the supervisee, another individual or society generally could be in danger of serious harm

4.8. Supervisors must model appropriate role boundaries and must not offer supervisees personal therapy.

4.9. Where a supervisee is receiving supervision (from a UKCP or BACP registered practitioner) who is not qualified in their modality they must arrange additional supervision that addresses specific issues associated with work as a psychodramatist or sociodramatist

4.10. Supervisors should draw attention to any impairment of supervisee functioning (e.g. due to health or other personal reasons) and ensure the supervisee takes action to address any identified issues. This may include recommending the supervisee seek personal therapy. Further, supervisors must ensure supervisees address positive and negative perceptions and feelings towards clients.

4.11. Supervisors must ensure they are competent to supervise and address any issues that may affect their supervisory capacity –for example, changes in personal circumstances.

4.12. Where disagreements arise that cannot be resolved the supervisor should consult with either their own supervisor to identify routes to informal resolution and/or may engage the help of a peer to seek informal resolution through facilitation. Where irreconcilable differences have arisen the supervisee can be referred to, or seek, another appropriate supervisor.

4.13. Supervisors should not take on former therapy clients for supervision until a period of at least one year has elapsed. Supervisors are then advised to seek consultation from their own supervisor prior to establishing a contract.

The Appendices to this Code are listed below:

(the two appendices noted in italic are not included for reasons of brevity or relevance to non-members)

Appendix A. Form relating to Complaints Procedure

Appendix B. Flow Chart of Complaints Procedure (not included for purposes of brevity but can be available if requested)

Appendix C. Governance Statement for Professional Conduct Committee (members only)

Appendix D. Safeguarding Children Guidelines.

Appendix E. Guidelines on videotaping, audio recording, filming and subsequent viewing or broadcast.

Appendix F Research Guidelines

Appendix A

A flow chart (Appendix B) outlining the processes follows the Complaints Form.

BPA Complaints Form (<u>please complete all sections clearly</u>).	
Complainants Name	
Complainant's Contact Address	
Complainants Telephone Number	
Complainant's Email Address (if available)	
Registrants Name	
Brief statement detailing events complained about	
Please identify which clauses of the Code of Ethics and Practice you think the registrant has breached (e.g. 1.1. add details).	
Please outline what steps you have taken to resolve your concern (please ensure you include details that confirm the steps you have taken to deal with matters as outlined in stages 1 and 2).	

I (insert name) understand that:

- the PCC and the Registrant will need to view all relevant documentation as part of this inquiry
- the Registrant will receive copies of all documents received by the PCC
- all relevant documents received from the Registrant will be forwarded to the Complainant

Signed

Date

Safeguarding Children Guidelines

General guidance

Registrants acknowledge that all children have deserve the opportunity to reach their full potential and that parents and/or carers need to ensure that their children are adequately cared for. This includes promoting their health and well being and ensuring they are safe from harm.

Registrants recognise that they, like other professionals have a duty to protect children and that effective measures to safeguard children's welfare should be seen as part of a continuum of available support and services that meet the identified needs of children and their families. All work with children and families should ensure a clear focus on the welfare of the child, whose needs must clearly be paramount. This is true for all children and is particularly important where there are child protection concerns.

Promoting children's well being and safeguarding them from significant harm is a shared responsibility. All professionals working with a child and their family have a duty to work constructively together, this includes, where appropriate, sharing information. All professionals should:

- understand and be alert to potential indicators of abuse and/or neglect.
- consider the possible risks individual abusers, or potential abusers, may pose to a child or children
- share information, and where appropriate, contribute to shared assessment and decision making with respect to a child or children
- contribute to plans and work to ensure a child's welfare is safeguarded and their welfare promotes
- regularly review their work
- work co-operatively with parents and/or carers unless this is inconsistent t with their duty to safeguard and promote the welfare of the child.

All registrants need to understand the particular needs of each child and their family whilst recognising that some children may be especially vulnerable to abuse. These include:

- Children with disabilities – for example, may receive intimate personal care form a number of carers or they may have communication difficulties which may make it difficult for them to tell someone if they are being abused.
- Black and minority ethnic children – for example, they may experience racial harassment and abuse.

- Children involved in prostitution or at risk of being drawn into prostitution – for example, they may be difficult to engage or may be negatively labelled.
- Children living away from home – for example, unaccompanied asylum seekers may be inadequately accommodated or have few people, they can communicate with.
- Young Carers – for example, there may be concern about the level of care a child is expected to provide for an adult.
- Children who abuse other children- for example, they may be in need of protection themselves.
- Children living in homes where domestic violence occurs – for example they may be traumatised through witnessing violence.

Definitions of abuse

Abuse may be the result of a deliberate act or the failure on the part of the parent or carer to act, to provide proper care or both.

Registrants acknowledge that varying definitions of abuse co-exist and that, for the purpose of this code, abuse is defined⁶ as:

Physical abuse... when children are hurt or injured by parents or other people. Hitting, kicking, beating with objects, throwing and shaking are all physical abuse, and can cause pain, cuts, bruising, broken bones and sometimes even death.

Sexual abuse is ...when children are forced or persuaded into sexual acts or situations by others. Children might be encouraged to look at pornography, be harassed by sexual suggestions or comments, be touched sexually or forced to have sex.

Emotional abuse is ...when children are not given love, approval or acceptance. They may be constantly criticised, blamed, sworn and shouted at, told that other people are better than they are and rejected by those they look to for affection.

Neglect is...when parents or others looking after children do not provide them with proper food, warmth, shelter, clothing, care and protection.

Safeguarding children

Registrants may work for organisation that has policies and procedures for promoting the welfare of children and safeguarding them from harm. Where this is the case the registrant must refer to those procedures as well as those that apply to them as registrants of the BPA.

⁶ These definitions are as posted on the ChildLine website:
<http://www.childline.org.uk/Childabuse.asp>

If a registrant is unsure whether to refer a suspected case of child abuse, he or she should contact one of the people named below, all of whom are experienced registrants who are also trained in child protection.

If a registrant has knowledge or suspects that a child is being abused or at risk of abuse, he/she has a duty to refer that concern to Social Service Departments, NSPCC, or the police, who have statutory duties and responsibilities to investigate and take action.

If a client or patient informs a registrant that he or she is currently abusing a child, the registrant must inform the client that he or she (the registrant) has a duty to break confidentiality to protect the child or children. A registrant should, however, bear in mind that the timing of such reporting could be crucial as evidence can be removed if a perpetrator of abuse has time to do this before an investigation occurs.

Wherever there are child protection concerns registrants must remember they should work in partnership with parents and/or carers unless doing so would jeopardise a child's safety.

Guidelines on videotaping, audio recording, filming and subsequent viewing or broadcasting

Anyone contemplating the recording in any form of a session or the observation of a session should give careful consideration to the following:

Registrants should question carefully their own motivation in pursuing public demonstration of their work.

Registrants who are employed in a different profession must be aware that those disciplines will have their own code of practice that will take precedence over this code of practice.

Registrants should obtain clear written consent from potential participants before commencing any recording.

Informed consent

This is a complex issue and registrants need discuss and ensure the client, patient or trainee understand:

- who has access to the material
- how long the record will be kept
- to whom the record belongs
- that the usual conventions to groups apply
- that they have the right to withdraw their consent **at any time.**

Further registrants must ensure that the client, patient or trainee is given time to consider the issues and access advice to inform their decision-making.

Registrants have to explore and explain to the parties concerned that the level of confidentiality will be radically changed when any of the material is broadcast or shown to others, whether it is for professional or training purposes or public media broadcasting⁷.

Registrants should consider their own and potential participants internal and unconscious process. Appropriate use of supervision may facilitate critical reflection by the registrant.

7 Therapeutic Purposes: refers to the use of recorded material, in whatever form with the client or patient in a therapeutic setting. **Training and Research:** pertains to material that may be used for the training of therapists and developing a body of knowledge. In addition to our own guidelines (see appendix F), research is covered by Local Research Ethics Committee (LREC) and/ or other organisational (e.g. University Ethics Committee) guidelines for research.

At the beginning of the recording it is vital to clarify what action methods are and the centrality of the client's personalised perspective. In view of this an enactment does not necessarily constitute a statement of fact. It is the client's representation of events and significant others.

Any material to be recorded should be pre-viewed by the participants prior to its use. The participants should have the right to ask for any material to be edited, deleted or modified.

Registrants are not expected to involve participants who have not encountered action methods before. People who have some experience and familiarity with action methods are more likely to have a realistic understanding of what is involved and disclosed, which contributes to giving informed consent.

Registrants should consider the possible consequences and ramifications to themselves, participants and third parties when any material that may be widely viewed is edited.

Registrants are advised to be closely involved in the editing process.

Public Broadcasting for Educational or Promotional Purposes.

In addition to the above: a registrant who is involved in media presentation should observe the following guidelines.

- Participant recruitment should be specifically for this event
- Careful assessment must be made of the individual's emotional and psychological suitability to be involved in such an event
- The intent of the broadcast must be made clear, that this is not primarily a therapeutic exercise
- Careful attention must be paid to the effect on potential third parties and the possibility of litigation must be clearly understood by all participants
- It must be made clear to potential participants that once this process has been completed and final approval has been given that the material becomes the property of the broadcasting or production company.

Research Guidelines

Research is important as it contributes to evidence (or knowledge) based practice. Further, it contributes to promoting the welfare of clients through effective practice. Registrants should acknowledge the need for, and importance of, research. If possible, and where appropriate, registrants should initiate, assist or participate in research.

Should any registrant be involved in research they must adhere to all government, local and professional standards including gaining ethical clearance for any project and, where appropriate, undergoing supervision by an experienced research supervisor (this is separate from clinical supervision).

The registrant researcher:

- is responsible for producing accurate data / information that has been obtained in a competent manner
- must be aware that commissions and omissions (intentional or unintentional) could distort outcomes
- must not plagiarise the work of others
- must acknowledge all contributors to the research, whether major or minor
- must adhere to the BPA Code of Ethics and Practice.

When planning and undertaking research registrants should:

- Remember the welfare of the client is paramount
- Gain informed consent from potential research participants – this means;
 - people are fully informed about research procedures, and the risks entailed, and therefore take personal responsibility for any negative consequences of participation
 - potential participants must sign a consent form, which details the research procedure and risks and is co-signed by the researcher (each keeps a copy)
 - the researcher must adhere to all agreements and promises with participants, except where these are changed through negotiation and mutual agreement
 - the researcher should respect the participant's rights and their freedom not to participate or to withdraw from the research at any time
 - when a person has chosen **not** to participate in a research project they should be given the opportunity to discuss other treatment options.
- Ensure participants are protected from physical and psychological harm and danger that might arise from the research process. For

- The researcher should discuss with participants the resources available to support them, if necessary, after the research process.
- Potential participant should be disadvantaged by any element of the research process.
- Confidentiality - the researcher:
 - must ensure, organise and respect anonymity of participants as standard research practice
 - Should inform participants as to how information and /or results from the research process are to be used and disseminated, where and in what form
 - The participants should review all the material, about them, that is to be distributed and viewed by others. They can edit, limit and withdraw material they do not wish to be seen by others.