



Psychotherapy & Counselling
Federation of Australia

Code of Ethics

The Ethical Framework for Best practice in Counselling and Psychotherapy

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1. Introduction

The Psychotherapy and Counselling Federation of Australia (PACFA) is a unique organisation in Australia. It is the one organisation that seeks to unite under its umbrella a diverse group of Member Associations (MAs) which have in common their contribution to the art and science of Counselling and psychotherapy, through their members delivering these services directly, or by their contribution to the development and furtherance of professional practice via supervision, training, research and other related clinical practice.

This document sets out the ethical framework for the professional practice of PACFA Registrants. It unifies and replaces all the earlier PACFA codes for counsellors, psychotherapists, trainers and supervisors and is also applicable to counselling and psychotherapy research, the use of counselling skills and the management of these services within organisations. It is intended to inform the practice of each Registrant of PACFA. It is expected that Member Associations have ethical codes/guidelines of their own, and that these embrace the principles and procedures of the PACFA document.

In many instances, issues arise that can be viewed and/or challenged from both legal and ethical standpoints. Practitioners are required to view these guidelines in light of relevant state and federal legislation, and to seek competent, qualified advice as to which provisions may prevail in any given instance.

The British Association of Counselling and Psychotherapy (BACP) has given PACFA approval (2009) for using its code as a foundation for the development for the revised PACFA ethical guidelines.¹

2. Ethics for Practitioners

In this statement the term 'practitioner' is used generically to refer to anyone with responsibility for the provision of Counselling or psychotherapy-related services. 'Practitioner' includes anyone undertaking the role(s) of counsellor, psychotherapist, trainer, educator, supervisor, researcher, provider of Counselling skills or manager of any of these services. The term 'client' is used as a generic term to refer to the recipient of any of these services. The client may be an individual, couple, family, group, organisation or other specifiable social unit. Alternative names may be substituted for 'practitioner' and 'client' in the practice setting, according to custom and context.

One of the characteristics of contemporary society is the coexistence of different approaches to ethics. This statement reflects this ethical diversity by considering:

¹ Acknowledgement:

This *Ethical Framework for Best practice in Counselling and Psychotherapy* was published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB. www.bacp.co.uk. © British Association for Counselling and Psychotherapy, revised edition published 1 January 2009.

- Values of counselling and psychotherapy
- Principles of counselling and psychotherapy
- Personal moral qualities of counsellors and psychotherapists

This selection of ways of expressing ethical commitments does not seek to invalidate other approaches. The presentation of different ways of conceiving ethics alongside each other in this statement is intended to draw attention to the limitations of relying too heavily on any single ethical approach. Ethical principles are well suited to examining the justification for particular decisions and actions. However, reliance on principles alone may detract from the importance of the practitioner's personal qualities and their ethical significance in the Counselling or therapeutic relationship. The provision of culturally sensitive and appropriate services is also a fundamental ethical concern. Cultural factors are often more easily understood and responded to in terms of values. Therefore, professional values are becoming an increasingly significant way of expressing ethical commitment.

2.1 Values of Counselling and Psychotherapy

The fundamental values of Counselling and Psychotherapy include a commitment to:

- Respecting human rights and dignity
- Ensuring the integrity of practitioner-client relationships
- Enhancing the quality of professional knowledge and its application
- Alleviating symptoms of personal distress and suffering
- Facilitating a sense of self that is meaningful to the person(s) concerned within their personal and cultural context
- Increasing personal effectiveness
- Enhancing the quality of relationships between people
- Appreciating the variety of human experience and culture
- Striving for the fair and adequate provision of Counselling and Psychotherapy services

Values inform principles. They represent an important way of expressing a general ethical commitment that becomes more precisely defined and action-orientated when expressed as a principle.

2.2 Ethical principles of Counselling and Psychotherapy

Principles direct attention to important ethical responsibilities. Each principle is described below and is followed by examples of best practice that have been developed in response to that principle.

Ethical decisions that are strongly supported by one or more of these principles without any contradiction from others may be regarded as reasonably well founded. However, practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required. A decision or course of action does not necessarily become unethical

merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made.

2.2.1 Fidelity: honouring the trust placed in the practitioner

Being trustworthy is regarded as fundamental to understanding and resolving ethical issues. Practitioners who adopt this principle: act in accordance with the trust placed in them; regard confidentiality as an obligation arising from the client's trust; restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed.

2.2.2 Autonomy: respect for the client's right to be self-governing

This principle emphasises the importance of the client's commitment to participating in Counselling or psychotherapy, usually on a voluntary basis. Practitioners who respect their clients' autonomy: ensure accuracy in any advertising or information given in advance of services offered; seek freely given and adequately informed consent; engage in explicit contracting in advance of any commitment by the client; protect privacy; protect confidentiality; normally make any disclosures of confidential information conditional on the consent of the person concerned; and inform the client in advance of foreseeable conflicts of interest or as soon as possible after such conflicts become apparent. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.

2.2.3 Beneficence: a commitment to promoting the client's well-being

The principle of beneficence means acting in the best interests of the client/s based on professional assessment. It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience. Ensuring that the client's best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is considered important that research and systematic reflection inform practice. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to commit to updating practice by continuing professional development. An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished because of immaturity, lack of understanding, extreme distress, serious disturbance or other significant personal constraints.

2.2.4 Non-maleficence: a commitment to avoiding harm to the client

Non-maleficence involves: avoiding sexual, financial, emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal circumstances or intoxication. The practitioner has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. Holding appropriate insurance may assist in restitution. Practitioners have a personal responsibility to challenge, where appropriate, the incompetence or malpractice of others; and to

contribute to any investigation and/or adjudication concerning professional practice which falls below that of a reasonably competent practitioner and/or risks bringing discredit upon the profession.

2.2.5 Justice: the fair and impartial treatment of all clients and the provision of adequate services

The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics.

2.2.6 Self-respect: fostering the practitioner's self-knowledge and care for self

The principle of self-respect means that the practitioner appropriately applies all the above principles as entitlements for self. This includes seeking Counselling or therapy and other opportunities for personal development as required. There is an ethical responsibility to use supervision for appropriate personal and professional support and development, and to seek training and other opportunities for continuing professional development. Guarding against financial liabilities arising from work undertaken usually requires obtaining appropriate insurance. The principle of self-respect encourages active engagement in life-enhancing activities and relationships that are independent of relationships in Counselling or Psychotherapy.

2.3 Personal moral qualities

The practitioner's personal moral qualities are of the utmost importance to clients. Many of the personal qualities considered important in the provision of services have an ethical or moral component and are therefore considered as virtues or good personal qualities. These qualities are conveyed through the practitioner's clinical approach and practice. It is inappropriate to prescribe that all practitioners possess these qualities, since it is fundamental that these personal qualities are deeply rooted in the person concerned and developed out of personal commitment rather than the requirement of an external authority. However, it is the case that moral qualities and virtues, and their enactment through particular behaviours, can also be taught and should be part of training programs in the field.

Personal qualities to which counsellors and psychotherapists are strongly encouraged to aspire are evident in the enactment of the following behaviours/skills. They include:

Empathy: the ability to communicate understanding of another person's experience from that person's perspective.

Sincerity: a personal commitment to consistency between what is professed and what is done.

Integrity: commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence.

Authenticity: the capacity to be true to self and relating truthfully to others.

Resilience: the capacity to work with the client's concerns without being personally diminished.

Respect: showing appropriate esteem to others and their understanding of themselves.

Humility: the ability to assess accurately and acknowledge one's own strengths and weaknesses.

Competence: the effective deployment of the skills and knowledge needed to do what is required.

Fairness: the consistent application of appropriate criteria to inform decisions and actions.

Wisdom: possession of sound judgement that informs practice.

Courage: the capacity to act in spite of known fears, risks and uncertainty.

2.4 Conclusion

The challenge of working ethically means that practitioners will inevitably encounter situations where there are competing obligations. In such situations it is tempting to retreat from all ethical analysis in order to escape a sense of what may appear to be unresolvable ethical tension. These ethics are intended to be of assistance in such circumstances by directing attention to the variety of ethical factors that may need to be taken into consideration and to alternative ways of approaching ethics that may prove more useful. No statement of ethics can totally alleviate the difficulty of making professional judgements in circumstances that may be constantly changing and full of uncertainties. By accepting this statement of ethics, Member Associations and Registrants of PACFA are committing themselves to engaging with the challenge of striving to be ethical, even when doing so involves making difficult decisions or acting courageously.

3. Guidance on Best practice for Practitioners

PACFA is committed to sustaining and advancing best practice. This guidance on the essential elements of best practice has been written to take into account the changing circumstances in which Counselling and Psychotherapy are now being delivered, in particular:

- changes in the range of issues and levels of need presented by clients
- the growth in levels of expertise available from practitioners with the expansion in the availability of training and consultative support/supervision
- the accumulated experience of PACFA and its member associations

The diversity of settings within which Counselling and Psychotherapy services are delivered has also been carefully considered. These services may be provided by the independent practitioner working alone, one or more practitioners working to provide a service within an agency or large organisation, specialists working in multidisciplinary teams, and by specialist teams of counsellors and psychotherapists. Most work is undertaken face to face but there are also a growing number of telephone and online services. Some practitioners are moving between these different settings and modes of delivery during the course of their work and are therefore required to consider what constitutes best practice in different settings. Practitioners considering moving into alternative modes of delivery, such as on-line or email counselling, are advised to seek supervision and/or consultation about the implications. All practitioners encounter the challenge of responding to the diversity of their clients and finding ways of working effectively with them. This statement therefore responds to the complexity of delivering Counselling and Psychotherapy services in contemporary society by directing attention to essential issues that practitioners ought to consider and resolve in the specific circumstances of their work.

The crucial role supervision and training has in developing and maintaining counsellors and psychotherapists is emphasised within these ethical guidelines. How people formulate their theoretical paradigm and their own best practice will be highly influenced by their role models. How organisations and senior individuals respond to competing imperatives to establish a rigorous training program that has credibility in the field while operating a viable business will continue to provide them all manner of ethical dilemmas. Many organisations are very small and specialised. This presents particular dilemmas for managing all the roles required of good governance.

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3.1 Providing a good standard of practice and care

All clients are entitled to good standards of practice and care from their practitioners in Counselling and psychotherapy. Good standards of practice and care require professional competence; good relationships with clients and colleagues; and commitment to and observance of professional ethics.

3.1.1 Good quality of practice and care

A. Good quality of practice and care requires competently delivered services that meet the client's needs by practitioners who are appropriately supported and accountable.

B. Practitioners should give careful consideration to the limitations of their training and experience and work within these limits, taking advantage of available professional support. If work with clients requires the provision of additional services operating in parallel with Counselling or psychotherapy, such services must be brought to the client's attention as part of duty of care, as their absence may constitute a failure in effective service.

C. Best practice involves clarifying and agreeing to the rights and responsibilities of both the practitioner and client at appropriate points in their working relationship.

D. Dual relationships arise when the practitioner has two or more kinds of relationship concurrently with a client, for example client and trainee, acquaintance and client, colleague and supervisee. The existence of a dual relationship with a client is seldom neutral and can have a powerful beneficial or detrimental impact that may not always be easily foreseeable. For these reasons practitioners are required to consider the implications of entering into dual relationships with clients, to avoid entering into relationships that are likely to be detrimental to clients. Where such a situation cannot be avoided it is advisable that therapists discuss the implications of this with their clients, and be readily accountable to clients and colleagues for any dual relationships that occur.

E. Practitioners are required to keep appropriate records of their work with clients. Records include client notes, emails, and transcripts of SMS communication. All records should be accurate, respectful of clients and colleagues and protected from unauthorised disclosure. Practitioners should take into account their responsibilities and their clients' rights under data protection legislation and any other legal requirements.

F. Clients are entitled to competently delivered services, that are periodically reviewed by the practitioner. These reviews may be conducted, when appropriate, in consultation with clients, supervisors, managers or other practitioners with relevant expertise.

3.1.2 Maintaining competent practice

A. All counsellors, psychotherapists, trainers and supervisors are required to have regular and on-going formal supervision/consultative support for their work in

accordance with professional requirements. Managers, researchers and providers of Counselling skills are strongly encouraged to review their need for professional and personal support and to obtain appropriate services for themselves.

B. Regularly monitoring and reviewing one's work is essential to maintaining best practice. It is important to be open to, and conscientious in considering, feedback from colleagues, appraisals and assessments. Responding constructively to feedback helps to advance practice.

C. A commitment to best practice requires practitioners to keep up to date with the latest knowledge and respond to changing circumstances. They should consider carefully their own need for continuing professional development and engage in appropriate educational activities in accordance with professional requirements.

D. Practitioners should be aware of and understand any legal requirements concerning their work, including mandatory reporting requirements, and consider these conscientiously and be legally accountable for their practice.

3.1.3 Keeping trust

A. The practice of Counselling and Psychotherapy depends on gaining and honouring the trust of clients. Keeping trust requires:

- attentiveness to the quality of listening and respect offered to clients
- culturally appropriate ways of communicating that are courteous and clear
- respect for privacy and dignity
- careful attention to client consent and confidentiality

B. Clients should be adequately informed about the nature of the services being offered. Practitioners should obtain adequately informed consent from their clients and respect a client's right to choose whether to continue or withdraw.

C. Practitioners should ensure that services are normally delivered on the basis of the client's explicit consent. Reliance on implicit consent is more vulnerable to misunderstandings and is best avoided unless there are sound reasons for doing so. Overriding a client's known wishes or consent is a serious matter that requires commensurate justification. Practitioners should be prepared to be readily accountable to clients, colleagues and professional body if they override a client's known wishes.

D. Situations in which clients pose a risk of causing serious harm to themselves or others are particularly challenging for the practitioner. These are situations in which the practitioner should be alert to the possibility of conflicting responsibilities between those concerning their client, other people who may be significantly affected, and society generally. Resolving conflicting responsibilities may require due consideration of the context in which the service is being provided. Consultation with a supervisor or experienced practitioner is strongly recommended, whenever this would not cause undue delay. In all cases, the aim should be to ensure for the client a good quality of care that is as respectful of the client's capacity for self-determination and their trust as circumstances permit.

E. Working with young people requires specific training, ethical awareness and competence. The practitioner is required to consider and **assess the balance between young people's dependence on adults and carers and their progressive development towards acting independently**. Working with children and young people requires careful consideration of issues concerning their capacity to give consent to receiving any service independently of someone with parental responsibilities and the management of confidences disclosed by clients.

F. Respecting client confidentiality is a fundamental requirement for keeping trust. The professional management of confidentiality concerns the protection of personally identifiable and sensitive information from unauthorised disclosure. Disclosure may be authorised by client consent or the law. Any disclosures should be undertaken in ways that best protect the client's trust. Practitioners should be willing to be accountable to their clients and to their profession for their management of confidentiality in general and particularly for any disclosures made without their client's consent.

G. Practitioners should normally be willing to respond to their client's requests for information about the way that they are working and any assessment that they may have made. This professional requirement does not apply if it is considered that imparting this information would be detrimental to the client or inconsistent with the counselling or psychotherapeutic approach previously agreed with the client. An example of this may include restrictions of information shared between parents and children. Clients may also have legal rights to information and this needs to be taken into account.

H. Practitioners must not abuse their client's trust in order to gain emotional, financial or any other kind of personal advantage. Practitioners should think carefully about, and exercise considerable caution before, **entering into personal or business relationships with former clients** and should expect to be professionally accountable if the relationship becomes detrimental to the client or the standing of the profession.

I. (a) Sexual relations with clients are prohibited both during therapy and for a period of at least two years post therapy. 'Sexual relations' includes intercourse and/or any other type of sexual activity or sexualised behaviour.

(b) Practitioners do not engage in sexual relations with former clients even after a two-year interval except in the most unusual circumstances.

Practitioners who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including:

- the amount of time that has passed since therapy terminated;
- the nature, duration, and intensity of the therapy;
- the circumstances of termination;
- the client's personal history;
- the client's current mental status;
- the likelihood of adverse impact on the client;

- any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client.

J. Practitioners should be aware of their personal values in relation to lifestyle, gender, age, disability, race, sexual orientation, beliefs or culture and be cognisant of the impact of these on the therapeutic process. If practitioners find themselves unavoidably and emotionally prejudiced towards a client they must refer the client on to another agency or practitioner.

K. Practitioners should be clear about any commitment to be available to clients and colleagues and honour these commitments.

3.1.4 Fitness to practice

Practitioners have a responsibility to monitor and maintain their fitness to practice at a level that enables them to provide an effective service. If their effectiveness becomes impaired for any reason, including health or personal circumstances, they should seek the advice of their supervisor, experienced colleagues or line manager and, if necessary, withdraw from practice until their fitness to practice returns. Suitable arrangements should be made for clients who are adversely affected.

3.1.5 If things go wrong with own clients

A. Practitioners should respond promptly and appropriately to any complaint received from their clients. An appropriate response in agency-based services would take account of any agency policy and procedures.

B. Practitioners should endeavour to remedy any harm they may have caused to their clients and to prevent any further harm. An apology may be the appropriate response.

C. Practitioners should discuss, with their supervisor, manager or other experienced practitioner(s), the circumstances in which they may have harmed a client in order to ensure that the appropriate steps have been taken to mitigate any harm and to prevent any repetition.

D. Practitioners are required to ensure that their work is adequately covered by insurance for professional indemnity and liability.

E. If practitioners consider that they have acted in accordance with best practice but their client is not satisfied that this is the case, they may wish to use independent dispute resolution, for example: seeking a second professional opinion, mediation, or conciliation where this is both appropriate and practical.

F. Clients should be informed about the existence of the Professional Conduct Procedure of the Member Association and PACFA, and any other applicable complaints or disciplinary procedures. If requested to do so, practitioners should inform their clients about how they may obtain further information concerning these procedures.

3.1.6 Responsibilities to all clients

A. Practitioners have a responsibility to protect clients when they have good reason for believing that other practitioners are placing them at risk of harm.

B. They should raise their concerns with the practitioner concerned in the first instance, unless it is inappropriate to do so. If the matter cannot be resolved, they should review the grounds for their concern and the evidence available to them and, when appropriate, raise their concerns with the practitioner's manager, agency or professional body.

C. If they are uncertain what to do, their concerns should be discussed with an experienced colleague, a supervisor or raised with PACFA.

D. All members of PACFA share a responsibility to take part in its professional conduct procedures whether as the person complained against or as the provider of relevant information.

3.2 Teaching and training

Registrants or Member Associations who provide training in the fields of Counselling and Psychotherapy and related services, are required to do so within the ethical guidelines of PACFA, the Society of Counselling and Psychotherapy Educators (SCAPE) and other relevant organisational guidelines appropriate to their training.

It is acknowledged that training institutions have a responsibility to foster an ethical culture through the development of structures, processes, contracts and procedures with staff and students that meet current educational and management standards in the field. The institution's responsibilities in delivering ethical training practices can be reviewed through the standards for Member Associations (section 2 in this Code) and PACFA's Code of Good Governance. Separation of business and academic roles in the institution's operations is advised in order to reduce conflicts of interests.

A. All practitioners are encouraged to share their professional knowledge and practice in order to benefit their clients and the public.

B. Practitioners who provide education and training should acquire the skills, attitudes and knowledge required to be competent teachers and facilitators of learning, and to undertake activities to maintain training competence.

C. Trainers shall ensure that the training programmes and the learning experiences offered are in accordance with the currently valid educational guidelines and those of other acknowledged associations.

D. Trainers and learning supervisors shall only offer courses and provide supervision or coaching in areas in which they have the requisite competence and experience.

E. It is acknowledged that dual relationships may be inevitable to some degree. However, the roles of trainer and therapist are seen as completely distinct and should be separated in absolute terms. Trainers who have other dual relationships with students shall, as far as possible, reduce conflicting role interests. In principle,

these roles shall be distributed among different professionals. Different roles shall be separated in space and time. If, for any reason, the objectivity and capacity of the trainer to professionally evaluate is restricted, this must be declared and a resolution sought that protects the trainee's interests.

F. Trainers must not exploit trainees in financial, sexual, emotional, academic or any other ways.

G. Practitioners are required to be fair, accurate and honest in their assessments of their students.

H. Prior consent is required from clients if they are to be observed, recorded or if their personally identifiable disclosures are to be used for training purposes.

3.3 Supervision, consultation and clinical line management

Registrants and Member Association should consult with the PACFA Professional Standards documents and the guidelines of other relevant professional organisations in order to meet current practice responsibilities. This section of the Code is designed to attend to issues that may arise in a professional supervisory relationship which involves hierarchy and therefore issues of power. It is acknowledged that qualified and experienced practitioners may seek peer supervision rather than a more hierarchical supervision arrangement. Concerns that may arise within peer supervision arrangements are attended to under section 4.5.

The role of individual or group supervisor or consultant is considered to be of crucial importance in developing, maintaining and leading the professions. PACFA would see it as desirable that the role of supervisor be quite distinct from the role of line manager. Wherever dual relationships or responsibilities exist, these need to be transparently named and ethically managed.

In practice, the terms supervisor and consultant are often used interchangeably. In the supervision literature it is often conceptualised that trainees are *supervised* and experienced practitioners seek *consultation* on their work, signalling where the responsibility for the client work lies. Thus in this section all relevant terms are used.

The roles of supervisors, consultants, and clinical line managers include the following responsibilities:

- Monitoring the welfare of the supervisee
- Ensuring compliance with the relevant legal, ethical, and professional guidelines for professional practice
- Monitoring the contracted achievements and the professional development of the practitioner.

A. There is a general obligation for all counsellors, psychotherapists, supervisors and trainers to receive supervision/consultative support that is independent of any managerial relationships.

B. Supervision is considered a discrete professional activity within clinical practice and thus it is required that supervisors and consultants complete specialist training in the development of supervision competencies.

C. Supervisors and managers have a responsibility to maintain and enhance best practice by practitioners and to protect supervisees from poor practice. The evaluative aspects of supervision shall be contracted and transparent in any supervision arrangement.

D. Supervisors and consultants who advise their supervisees in more than one capacity (for example as trainer, individual coach or supervisor to a board) shall, as far as possible, reduce conflicting role interests. In principle, these roles shall be distributed among different professionals. If this is not possible, supervisors shall inform their supervisee what expectations and what responsibilities go with each role. Different roles shall be separated in space and time. Practitioners are responsible for clarifying who holds responsibility for the work with the supervisee.

E. Supervisors must not exploit supervisees in financial, sexual, emotional, academic or any other ways.

F. Supervisors shall have no sexual relationships with supervisees. They also avoid social contact with their supervisees if it could compromise the professional relationship. If, for any reason, the objectivity and capacity of the supervisor, coach or consultant to professionally evaluate is restricted, the professional relationship must be terminated.

G. It is acknowledged that personal matters will arise during supervision, such as in the context of fitness to practice (see 4.1.4), regarding personal development or other advancements of their work. Supervisors shall not offer Counselling or Psychotherapy as substitute for or as a supplement to their work as supervisors.

3.4 Researching

Ethical principles for undertaking research should be informed by:

NHMRC ethical principles for human research

(<http://www.nhmrc.gov.au/publications/synopses/e72syn.htm>);

Federal Privacy Legislation; Research involving Indigenous people

(http://www.nhmrc.gov.au/health_ethics/health/dilemmas.htm);

principles of integrity in conducting and reporting on research

(http://www.nhmrc.gov.au/publications/synopses/r39syn_summary.htm)

and other relevant legislation and public guidelines.

Even if research has been approved by another organisation, such as a University, PACFA will undertake its own ethics assessment process.

A. PACFA is committed to fostering research that will inform and develop practice. All practitioners are encouraged to support research undertaken on behalf of the profession and to participate actively in research work.

B. All research should be undertaken with rigorous attentiveness to the quality and integrity both of the research itself and of the dissemination of the results of the research.

C. The rights of all research participants should be carefully considered and protected. The minimum rights include the right to freely given and informed consent, and the right to withdraw at any point.

D. The research methods used should comply with the standards of best practice in Counselling and Psychotherapy and must not adversely affect clients. Dissemination of research must include strategies for disseminating results to participants, practitioners, the wider community and other researchers.

3.5 Working with Colleagues

The increasing availability of Counselling and Psychotherapy means that most practitioners have other practitioners working in their locality, or may be working closely with colleagues within specialised or multidisciplinary teams. The quality of the interactions between practitioners can enhance or undermine the claim that Counselling and Psychotherapy enables clients to increase their insight and expertise in personal relationships. This is particularly true for practitioners who work in agencies or teams.

3.5.1 Working in teams

A. Professional relationships should be conducted in a spirit of mutual respect. Practitioners should endeavour to attain good working relationships and systems of communication that enhance services to clients at all times.

B. Practitioners should treat all colleagues fairly and foster equal opportunity.

C. Practitioners should not allow their professional relationships with colleagues to be prejudiced by their own personal views about a colleague's lifestyle, gender, age, disability, race, sexual orientation, beliefs or culture. It is unacceptable and unethical to discriminate against colleagues on any of these grounds.

D. Practitioners must not undermine a colleague's relationships with clients by making unjustified or unsustainable comments.

E. All communications between colleagues about clients should be on a professional basis and thus purposeful, respectful and consistent with the management of confidences as declared to clients.

3.5.2 Awareness of context

The practitioner is responsible for learning about and taking account of the different protocols, conventions and customs that can pertain to different working contexts and cultures.

3.5.3 Making and receiving referrals

A. All routine referrals to colleagues and other services should be discussed with the client in advance and the client's consent obtained both to making the referral and also to disclosing information to accompany the referral. Reasonable care should be taken to ensure that:

- the recipient of the referral is able to provide the required service;
- any confidential information disclosed during the referral process will be adequately protected;
- the referral will be likely to benefit the client.

B. Prior to accepting a referral the practitioner should give careful consideration to:

- the appropriateness of the referral;
- the likelihood that the referral will be beneficial to the client;
- the adequacy of the client's consent for the referral.

If the referrer is professionally required to retain overall responsibility for the work with the client, it is considered to be professionally appropriate to provide the referrer with brief progress reports. Such reports should be made in consultation with clients and not normally against their explicit wishes.

3.6 Probity in professional practice

Ensuring the probity of practice is important both to those who are directly affected but also to the standing of the profession as a whole.

3.6.1 Providing clients with adequate information

A. Practitioners are responsible for clarifying the terms on which their services are being offered in advance of the client incurring any financial obligation or other reasonably foreseeable costs or liabilities.

B. All information about services should be honest, accurate, avoid unjustifiable claims, and be consistent with maintaining the good standing of the profession.

C. Particular care should be taken over the integrity of presenting qualifications, accreditation and professional standing.

3.6.2 Financial arrangements

Practitioners are required to be honest, straightforward and accountable in all financial matters concerning their clients and other professional relationships.

3.6.3 Conflicts of interest

Conflicts of interest are best avoided, provided they can be reasonably foreseen in the first instance and prevented from arising. In deciding how to respond to conflicts of interest, the protection of the client's interests and maintaining trust in the practitioner should be paramount.

3.7 Care of self as a practitioner

Attending to the practitioner's well-being is essential to sustaining best practice.

A. Practitioners have a responsibility to themselves to ensure that their work does not become detrimental to their health or well-being by ensuring that the way that they undertake their work is as safe as possible and that they seek appropriate professional support and services as the need arises.

B. Practitioners are entitled to be treated with proper consideration and respect that is consistent with this Guidance.

4. Complaints Handling

Complaints and appeals about the ethical conduct of practitioners will be heard in accordance with the DRAFT Professional Conduct Procedures 2014.

Notes:

1. This document supersedes previous documents PACFA Ethical Framework; PACFA Code of Ethics for Member Associations.
2. This document should be read in conjunction with the PACFA Code of Good Governance 2005 and the DRAFT Professional Conduct Procedures 2014.

