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The Counsellors  
and Psychotherapists  
Association of NSW Inc

# Code of Ethics & Good Practice



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## Status of the Code

This *Code of Ethics and Good Practice* (hereafter **the Code**) was provisionally adopted by the Executive Committee of the *Counsellors And Psychotherapists Association of New South Wales* (hereafter CAPA) on the 20<sup>th</sup> of February 2002 and ratified by the membership as policy at the Annual General Meeting of the Association on 14<sup>th</sup> of July 2002. It replaces the Ethical Guidelines contained in the Constitution of CAPA and those presented and accepted by the membership at the AGM in 2001 as a working policy document.

The Code is related to the *Professional Conduct Policy and Procedures* (hereafter **the Procedure**). Both documents are available to members and need to be read in concert with each other.

The Code and the Procedure are overseen by the *Ethics and Professional Standards Committee* of CAPA (hereafter **the Committee**), constituted in provisional form by the executive of CAPA and ratified by the Annual General Meeting of CAPA on 14<sup>th</sup> of July 2002.

In accepting membership of CAPA, members acknowledge their professional responsibility to abide by the terms of the Code and the associated Procedure. All members of CAPA will be required to sign a declaration in respect of the Code as a prerequisite for membership of CAPA.

The Code and the Procedure are not static documents and will be reviewed from time to time on the basis of developments in ethical understanding within the general community and the profession.

The membership of CAPA will have ready access to the latest version of the Code and the Procedure via the web site or on application to the CAPA office. The executive will circulate any changes to the Code and the Procedure after the relevant approval process has been achieved. Members are responsible for ensuring they have current versions of the Code and the Procedure.

Advice regarding interpretation of the Code, the Procedure and ethical issues relating to professional practice may be obtained by contacting the Committee:

**PO Box 60,**  
Annandale 2038,  
**Phone:** 0295651811  
**Website:** <http://www.capa.asn.au>

### Acknowledgments

CAPA gratefully acknowledges the assistance provided by various professional associations in the preparation of this document, namely, the *British Association for Counselling and Psychotherapy*, the *New Zealand Association of Counsellors*, the *Irish Association for Counselling and Therapy* and the *Psychotherapy and Counselling Federation of Australia*.



## Introduction

In the practice of counselling and psychotherapy, a number of key pillars sustain therapeutic practice as credible, worthwhile to our clients and the community. Among these pillars is the presence of ethical principles that translate into ethical practice. This Code of Ethics and Practice is about that translation of ideas and principles into behaviour, for the individual and the common good.

## Purpose of the Code

The purpose of the *Code of Ethics and Practice* for CAPA is to attempt to establish the common principles and values that underpin membership in CAPA. It outlines standards and procedures by which the Association can appropriately assess, monitor and account for the standards of practice within the membership.

The Code also will act as a guide and a source of information for clients and the public in general and seeks to establish the rights of clients in terms of their treatment in the therapeutic relationship.

The Code forms a basis for a member of the association to develop and self-monitor professional standards of practice. The Code does not seek to limit the theory and practice members have developed. The Code aims to assist members to reflect upon and improve their practice of counselling and psychotherapy and provides encouragement to aspire to the best standards of professional behaviour and therapeutic practice.

## Structure of the Code

The Code is set in two parts. The first part, the *Code of Ethics*, outlines the ethical principles upon which the code and our practice are set. The second part, the *Code of Good Practice*, provides guidance on the application of ethical principles in the daily practice of counselling and psychotherapy.

## Application of the Code

This Code applies to all members of CAPA and across all aspects of their therapeutic practice. For ease of expression and within the context of this Code, **the term counsellor implies membership of CAPA.**

The term 'therapeutic practice' relates to the various modalities a practitioner may utilise. 'Therapeutic practice' is taken to include but is not necessarily limited to individual therapy, group therapy, couple and family therapy, supervisory practice, and workshops and skills groups designated as containing a therapeutic element or process.

The use of the terms 'counsellor' and 'therapist' in the Code refers to persons acting as either a counsellor or a psychotherapist.



The use of the term 'practitioner' refers to service providers from allied professions.

The use of the terms 'practice', 'counselling', 'psychotherapy' and 'therapy' where used in the Code refers to counselling and psychotherapy. For ease of expression, the use of the term counselling will generally be used.

The term 'supervision' refers to the experience of formal professional counselling supervision and consultation, rather than general support. Professional counselling supervision is distinct from line management supervision.

The term 'client' refers to individuals, couples, families, groups, communities involved in any of the above mentioned forms of therapeutic practice.

## **A Definition of Psychotherapy and Counselling**

*(Adopted with permission from Psychotherapy and Counselling Federation of Australia, February 2001)*

Psychotherapy and Counselling are professional activities that utilise an interpersonal relationship to enable people to develop understandings about themselves and to make changes in their lives.

Professional Psychotherapists and Counsellors work within clearly contracted, principled relationships that enable individuals to obtain assistance in exploring and resolving issues of an interpersonal, intrapsychic, or personal nature.

Although Psychotherapy and Counselling overlap considerably there are also some differences. The work with clients may be of considerable depth in both modalities; however, the focus of counselling is more likely to be on specific problems or changes in life adjustment. Psychotherapy is more concerned with the restructuring of the personality or self.

# The Code of Ethics

## A1 Introduction

This section of the *Code of Ethics and Good Practice* sets out the various principles that govern our understanding of ethical practice within counselling and psychotherapy. It sets out *Fundamental Principles* – or first principles – and then examines the particular principles that result from those fundamental principles in respect of counselling and psychotherapy: *Corollary Principles*. These principles together act as the primary point of departure for our understanding the nature of good ethical practice, the subject of the second part of the *Code of Ethics and Practice*.

## A2 Fundamental Principles

The *Fundamental Principles* of the CAPA *Code of Ethics* form the basis of our ethical understanding and underpin all other principles and the *Code of Good Practice*. The *Fundamental Principles* are as follows:

- **A2.1 *Autonomy and Self Determination***

That we respect the dignity and worth of each person, their culture and context, and their right to determine a course of action in life in accordance with a plan developed and chosen by the person.

- **A2.2 *'Do no harm' – The Principle of Nonmaleficence***

That in the exercise of our therapeutic practice, we avoid acting in ways that, necessarily and intentionally (either by commission or omission), inflict harm on other persons in violation of their human rights.

- **A2.3 *'Do good' – The Principle of Beneficence***

That in the exercise of our practice, we engage in behaviours that promote the wellbeing and rights of persons and of the common good.

## A3 Corollary Principles

The *Corollary Principles* are those principles that necessarily follow from the Fundamental First Principles and flesh out the principled ethical stance of CAPA and its membership. The *Corollary Principles* are as follows:

- **A3.1 *Integrity, Respect, Impartiality***

Counsellors conduct themselves with clients in an honest, non-exploitative and respectful manner. They practice within the limits of their competence. An active commitment to ongoing training, supervision and professional development is the primary mark of the integrity of their practice and their respect for clients. Counsellors respect the right of clients to self-determination in their beliefs and values, decisions and actions.

- **A3.2 Fidelity**

Counsellors work within relationships where honouring the trust placed in them is core to any therapeutic action. It is also critical to the ongoing existence of the unique relationship. Confidentiality is an obligation arising from the client's trust. Counsellors make every effort to ensure the highest level of confidentiality in their therapeutic practice. Having said that, counsellors must also work within the policy and legal constraints imposed by their work environment, and by state and federal legislation.

- **A3.3 Equity and Non-Discrimination**

Counsellors work within a context of social diversity: gender, age, sexuality, religion, belief, social and historical background, physical, emotional and intellectual ability, ethnicity, and economic status. Counsellors take care to consider their own bias and prejudice, engaging actively in the professional examination of such issues, thereby ensuring that equity and non-discrimination are integral to their therapeutic practice.

- **A3.4 Responsibility**

Within their therapeutic practice, counsellors assume responsibility for the maintenance of ethical standards, the safety of clients and the integrity of processes and interventions involved in their work. Counsellors assume responsibility for not bringing disrepute to the profession or to his or her colleagues and peers.

- **A3.5 Subsidiarity**

Respect for the dignity of the person is best served where we strive to resolve relational difficulties with those directly involved and appeal to a higher authority only where it is necessary and after more direct efforts have been exhausted.

- **A.3.6 A VirtuousLife**

Although it is inappropriate to prescribe particular personal qualities that form the make-up of any person, a counsellor's personal qualities are of the utmost importance to therapeutic practice. On that basis, it can be said that many of these personal qualities have an ethical component and are therefore considered as virtues to which we strive or aspire in our professional practice and in life generally. Among the virtues are empathy and sincerity, personal integrity and resilience, respect for self and others, humility and honesty of self-appraisal, competence, fairness, wisdom and courage.

## **A4 Conclusion**

A core challenge of working ethically is that counsellors will inevitably face practice situations containing dilemmas with competing ethical demands. Although it is sometimes attractive and even possible to withdraw from such situations, it is not always the virtuous or professional thing to do. This *Code of Ethics* aims to be of assistance in such circumstances. It directs attention to the variety of ethical demands inherent in our profession and it reminds us of the values to which we are committed. No Code can provide instant solutions or alleviate the difficulties so much a part of practice. What is required of the practitioner is ongoing ethical reasoning and professional consultation. It is a posture that requires commitment and courage; core values in the life and practice of counsellors and psychotherapists.

## B. The Code of Good Practice

### B1 Introduction

The *Counsellors And Psychotherapists Association of New South Wales* is committed to developing, sustaining and advancing good practice in the field of counselling and psychotherapy. This *Code of Good Practice* (hereafter the Code) has been written to take into account the changing circumstances in which counselling and psychotherapy are practised. This is a developing element of the overall document, the *Code of Ethics and Good Practice*, and will change as circumstances and practice wisdom come to bear on our understanding of what it means to engage in good practice within the field.

The end point of good practice is the delivery of quality care. All clients are entitled to expect and receive this from counsellors. This occurs because of an ongoing commitment to the maintenance of:

- Professional competence
- Respectful and effective relationships with clients and colleagues
- Ethical behaviour in practice.

### B2 Quality of Care

**B2.1** Quality of care for our clients requires the competent delivery of services that meet the client's needs.

**B2.2** Quality of care also comes about through valuing and maintaining the rights and responsibilities of both clients and practitioners.

**B2.3** Competency in service delivery requires that counsellors who are appropriately trained and supported deliver those services.

**B2.4** Accountability in respect of both quality of care and competency is a tangible and practical element of daily practice.

**B2.5** Quality of care results where the counsellor periodically reviews the service provided to a client. Where possible, such reviews should be carried out in consultation with the client, the counsellor's supervisor or other practitioners with relevant expertise.

### B3 Competency in our Practice

**B3.1** Counsellors act within their competence. Competent practice arises, in the first instant, because a counsellor offers a service for which he or she is trained. Counsellors act within the limits of their capacity.



**B3.2** Conscientious reflection and feedback on practice are key elements to the monitoring and reviewing of one's work and in the maintenance of competency. Counsellors require regular and ongoing supervision. This process is central.

**B3.3** Counsellors are required to maintain the relevance of their counselling practice to the needs of their clients, maintaining an awareness of contextual issues through ongoing education and professional development activities.

**B3.4** Counsellors must be aware of and responsive to the legal constraints and requirements of practising as a counsellor. Counsellors pay particular attention to state and federal legislative changes that may impact on their legal obligations.

## **B4 Fidelity in our Practice**

The practice of counselling and psychotherapy depends on the existence of a high level fidelity in our practice: gaining and honouring the trust of clients. Fidelity in practice requires attentiveness to the quality of our intervention:

- Our listening to clients
- Our respect for their privacy, dignity and appropriate boundary setting
- Our adherence to culturally appropriate ways of communicating
- The application of courtesy and clarity in our relating
- Our careful attention to client consent and confidentiality.

Above all, fidelity to clients requires that we exercise humility in the face of human complexity: an awareness that we can never fully comprehend any person with whom we work in counselling.

### **B4.1 Confidentiality**

- a) Clients have a right to expect that who they are and what they say in therapy is treated with respect and confidentiality.
- b) Counsellors understand that limitations on the highest standard of confidentiality can seriously undermine the effectiveness of therapy for the client.
- c) Any breach of confidentiality can be destructive to the wellbeing of the client.
- d) Confidentiality regarding information obtained from clients in the course of therapy, either directly or by inference, is maintained by the counsellor both during counselling and after therapeutic work has been completed.
- e) Confidentiality applies to any and all identifying features of a client including their name, address, biographical details, physical appearance, job, life history and experience, family and other relationships; any information that, if divulged, could result in the identification of the client.
- f) Counsellors ensure that any records of therapeutic work – verbal, written, visual, recorded or computerised that include personal details of clients – are stored safely and are not accessible to other individuals. They are to be treated with the strictest of confidence.
- g) Counsellors establish in their initial contract with clients the level and limits of confidentiality that clients can expect in the therapy. The practitioner is responsible for negotiating any variation of these understandings with the client.

- h) Circumstances may arise where a counsellor believes that a client is at risk of imminent self-harm or imminent harm to others. Such situations may give rise to exceptions to confidentiality.
- i) Counsellors should make every effort to seek the client's permission for disclosure of any information and should consult with a supervisor or senior colleague before acting.
- j) The overriding concern in respect of any breach of confidentiality is the counsellor's responsibility to the client's health and wellbeing.
- k) A second responsibility is adherence to relevant legal statutes. As law in this area is complex, a counsellor faced with such serious decision making may need to gain specialist legal advice over and above their clinical supervision.
- l) Legislation now in force within the state of New South Wales makes it mandatory for all counsellors to report to the relevant authority, any concerns they have where a child is at risk of harm. The relevant authority is the NSW *Department of Community Services*. More information regarding mandatory reporting is available from the department's website: <http://www.community.nsw.gov.au/>
- m) Counsellors must not disclose information about the criminal acts of clients unless there is an overriding and unequivocal legal obligation or where failure to do so may involve serious risk of harm to the client, to others or to self.
- n) In considering a breach of confidentiality, a counsellor must exercise great prudence, making every effort to restrict such a disclosure to individuals judged to possess a legitimate 'need to know' and to those people who may be of direct assistance to the client in the particular circumstances of risk.
- o) Fidelity to the client continues after the completion of therapy and after a client's death unless there are serious overriding legal reasons for that not to be the case.

#### **B4.2 Informed Consent**

- a) As a standard practice, counsellors gain the informed consent of clients before acting on any information gained within the therapeutic relationship.
- b) This is particularly the case in respect of when using therapeutic case material in publications. The protection of anonymity and privacy must be of central concern.
- c) It is especially important that a counsellor seeks informed consent from a client prior to initiating any therapeutic process that involves any physical touch of the client.
- d) Where obtaining informed consent from a client is not possible or if their capacity to provide such consent is severely limited, the counsellor needs to obtain consent from a legally authorised person acting in the best interests of the client.

#### **B4.3 Working with children and young people**

- a) Working with children and young people requires careful consideration of issues concerning their capacity to give informed consent independent of any person acting upon parental responsibilities.
- b) It also requires quite specialised training and supervision.
- c) Working with such clients carries with it extraordinary responsibilities in respect of understanding the material they bring to therapeutic work and the resultant need for care that may arise from such interventions.

- d) This is particularly, but not exclusively, the case where children and young people are marginalised by what may be termed particular environmental features: homelessness, illness, or the loss of parents or carers.
- e) Although a variety of intervention processes may be deemed appropriate and therapeutically useful in respect of children and young people, it is always the case that an ethically sound practice will view the child or young person from a family systems perspective.
- f) Counsellors have a responsibility to become familiar with the *Children and Young Persons (Care and Protection) Act 1998* <http://www.community.nsw.gov.au/enact/enact.htm>

#### **B4.4 Boundaries**

- a) A therapeutic relationship will always involve an imbalance of influence and power between the counsellor and client. This is neither good nor bad but is simply a consequence of the relationship into which both parties enter.
- b) It is imperative that counsellors are aware of the responsibilities that arise from such a unique and privileged relationship.
- c) It is also important that counsellors act in ways that enhance the client's capacity for achieving and enhancing autonomy and self-determination.
- d) The violation of boundaries, as an abuse of power, is by definition a primary cause of distress for clients and an act against the primary ethical principles announced in this policy statement.
- e) Counsellors must not abuse their client's trust in order to gain sexual, emotional, financial or any other kind of personal advantage.
- f) Sexual relations with clients are prohibited. 'Sexual relations' include intercourse, any other type of sexual activity or sexualised behaviour.
- g) Counsellors must think carefully, exercising 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.
- h) Counsellors should consult adequately and openly within their supervision process before entering into such relationships.
- i) Counsellors should not allow their professional relationships with clients to be prejudiced by any personal views they may hold about lifestyle, gender, age, disability, race, sexual orientation, belief or culture.
- j) Counsellors should be clear about any commitment to be available to clients and colleagues and honour these commitments.

#### **B4.5 Dual Relationships**

Definition: A dual or multiple relationship exists for a counsellor/psychotherapist (hereafter referred to as counsellor) with a client when there exists an additional relationship with a client apart from the therapeutic relationship.

- a) CAPA strongly recommends that supervision be sought in relation to any actual or impending dual relationship.
- b) CAPA strongly recommends that a counsellor considering a dual relationship reflect upon:
  - Obligations and responsibilities of the counsellor

- Rights of the client
  - Motivation of the counsellor for the dual relationship
  - Implications of current and future dependency
  - Potential for “doing harm” to the client
  - Potential damaging impact of the dual relationship on the professional standing of the counselling and psychotherapy profession
- c) CAPA strongly recommends that counsellors/psychotherapists avoid a dual relationship wherever possible.

## **B5 Responsibility to Clients**

**B5.1** Counsellors carry a significant responsibility for the welfare and best interests of their current and former clients.

**B5.2** Such responsibility is not complete and can never overwhelm the responsibility that each person holds for autonomy and self-direction.

**B5.3** It is the responsibility of the counsellor to take reasonable steps to ensure that clients are safe from any physical and emotional harm that might reasonably be said to arise as a consequence of the counsellor’s therapeutic intervention.

**B5.4** Such responsibilities take precedence over personal concerns and the interests of other professional and private individuals and groups.

**B5.5** This responsibility also includes, but is not restricted to, ensuring that clients are fully informed as to the type of therapy that is being offered and the goals, purposes and techniques of the intended therapy.

**B5.6** It is also the responsibility of the counsellor to ensure that clients are fully informed regarding any decisions the counsellor makes on behalf of and in conjunction with their clients in therapeutic work.

**B5.7** There are limits with regard to how much a counsellor should act on behalf of a client even where such actions may be seen to be in the client’s best interest.

**B5.8** A counsellor should generally act on behalf of a client only if requested by the client and with due respect being afforded to the primary ethical principle of autonomy and self-determination.

**B5.9** It is the responsibility of the counsellor to inform clients of absences, holidays or any other breaks that will interrupt therapeutic work.

**B5.10** Notification of such breaks should be made in such a manner as to allow adequate preparation by both the counsellor and client.

**B5.11** It is important that counsellors ensure that a client has appropriate support if unforeseen circumstances occur in which therapeutic work has to be terminated or there is to be a prolonged break.

**B5.12** Within the context of therapeutic work, counsellors aim to assist clients to reach a satisfactory resolution to their issues as soon as practicable.



**B5.13** Counsellors do not prolong therapeutic work beyond what is beneficial to the client.

**B5.14** Where harm comes to a client, and where that harm could reasonably be said to have been the responsibility of the counsellor, it is the responsibility of that counsellor to ensure that the client receives any additional professional help that is required either directly from the counsellor or by way of referral to another health professional.

**B5.15** In the advent of an irreparable compromise to professional boundaries between the client and the counsellor, it is the responsibility of the counsellor to ensure that the client is assisted to receive other professional assistance.

## **B6 Teaching and Training**

**B6.1** All counsellors are encouraged to share their professional knowledge and expertise, for both the individual and the common good.

**B6.2** Counsellors who practice the art of teaching and training should acquire the skills, attitudes and knowledge necessary to ensure competency.

**B6.3** Counsellors must always act with fairness, accuracy and honesty in respect of their students.

**B6.4** Counsellors, supervisors, and members of professional supervisory groups are responsible for ensuring that shared information about clients is appropriately disguised so that confidentiality and anonymity is always assured.

**B6.5** Counsellors must seek the voluntary and informed consent of clients prior to recording counselling sessions or engaging in live supervision, and/or before the use of recorded sessional material.

## **B7 Supervising and Managing**

**B7.1** There is an obligation imposed on all counsellors, supervisors and trainers to receive supervision independent of any line-management supervision process.

**B7.2** Where a counselling practice forms a part of the work of an agency, be it government or non-government, there is a responsibility on the part of that agency and the relevant constituent members of that agency, to define clearly, the lines of accountability in respect of therapeutic work.

**B7.3** Supervisors and managers have a responsibility to maintain and enhance good practice by counsellors, to protect clients from poor practice and to ensure the acquisition of appropriate attitudes, skills and knowledge by counsellors as required by their role.

## **B8 Researching**

**B8.1** CAPA is committed to fostering research that will inform and develop therapeutic work within the community.

**B8.2** All counsellors are encouraged to support research undertaken on behalf of the profession and to participate actively in research work where that is feasible.

**B8.3** 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.

**B8.4** The research methods used should comply with the standards of good practice in counselling and psychotherapy and must not adversely affect clients.

**B8.5** The rights of all research participants must be considered and carefully protected.

**B8.6** Voluntary and informed consent is an absolute requirement of any research as is the right on the part of the participant to withdraw from the research at any point.

**B8.7** Where a client decides not to engage in any proposed research or to withdraw from research before it is concluded, their decision must not effect their right to receive a service from the counsellor or agency involved in the research.

## **B9 Fitness to Practice**

**B9.1** Practitioners have a responsibility to monitor and maintain their fitness to practise as a counsellor at a level that enables them to provide an effective service. **B9.2** If their effectiveness becomes impaired for any reason, including health or personal circumstances, they should seek the advice of their supervisor or experienced colleagues and, if necessary, withdraw from practice until their fitness to practise returns.

**B9.3** Suitable arrangement should be made for clients who are adversely affected.

## **B10 Complaints from Clients**

**B10.1** A counsellor should respond promptly and appropriately to any complaint received from their clients.

**B10.2** In respect of such complaints, the counsellor should endeavour to remedy any harm they may have caused to their clients and to prevent any further harm.

**B10.3** An apology may be the appropriate response.

**B10.4** Counsellors should discuss the circumstances in which they may have harmed a client with their supervisor or other experienced practitioners and their manager (where applicable) in order to ensure that the appropriate steps have been taken to mitigate any harm and to prevent any repetition.

**B10.5** Counsellors must ensure that the relevant professional indemnity and public liability insurance adequately covers their therapeutic work.

**B10.6** If a counsellor considers they have acted in accordance with principles of good practice but their client is not satisfied, they may wish to encourage the client to seek a second opinion where this is appropriate and practical.

**B10.7** Clients should be informed about the existence of CAPA's Professional Conduct Policy and Procedures and any other applicable complaints or disciplinary procedures to which the counsellor may be subject.

**B10.8** If requested to do so, counsellors should inform their clients about how they may obtain further information concerning these procedures.

## **B11 Working with Colleagues**

**B11.1** Counselling and Psychotherapy is in a period of rapid change and development. The number and variety of counsellors in Australia is increasing exponentially as are the settings in which counsellors are to be found.

**B11.2** Counsellors work within both the government and non-government sectors, between sectors and within multidisciplinary teams.

**B11.3** Within this context, collaborative work is both necessary and inevitable. It is also a necessary function of our clients' often complex needs and ever present resource limitations.

**B11.4** For this form of work to be positive to clients and the community, such work must be imbued with mutual respect, sensitivity, good communication, maturity and a strong, transparent but ethically flexible set of boundaries.

**B11.5** Our claim that counselling can enable clients to increase their insight and expertise in personal relationships can be enhanced or undermined by the quality of the interactions between practitioners of various disciplines.

**B11.6** Counsellors must not undermine the relationship another practitioner has with a client.

**B11.7** All communication between practitioners about clients should be respectful to both clients and practitioner, purposeful, built on the goal of enhancing the best interests of the client, and carried out with the informed consent of the client.

**B11.8** Counsellors have a responsibility to protect clients when they have good reason for believing that other practitioners are placing them at risk of harm.

**B11.9** Having said that, such a claim is a grave one that can have serious ramifications for all concerned. As such, great caution must be exercised in order that, where possible, the rights of all are protected.

**B11.10** If a counsellor holds such concerns, they should be raised with the practitioner concerned in the first instance, unless it is inappropriate to do so.

**B11.11** If the matter cannot be resolved by such discussion, the counsellor's concerns and relevant evidence should be reviewed and advice sought from the counsellor's supervisor and/or other experienced counsellor regarding the prospect of raising the concerns with the practitioner's line-manager, agency or relevant professional association.

**B11.12** The *Principle of Subsidiarity* should be applied and hence the matter and process should not be escalated to a level beyond what is required to bring about justice, resolution and reparation.

**B11.13** Where action is initiated on the basis of information from a client, such action should not take place without the consent of the client so affected by the practitioner unless the gravity of the concerns is such to override the wishes of the client.

**B11.14** All counsellors share a responsibility to take part in relevant professional conduct procedures whether as the person complained against or as the provider of relevant information.

## **B12 Awareness of Context**

**B12.1** More than ever, Australia is a place of developing cultures and contexts.

**B12.2** It is critical that the practice of counselling acknowledges and is able to work within a context of diversity, development and contextual sensitivity.

**B12.3** Agencies, managers, supervisors and counsellors are responsible for inculcating into practice the different protocols, conventions and customs that arise within different contexts and cultures.

## **B13 Making and Receiving Referrals**

**B13.1** Prior to accepting a referral the counsellor should give careful consideration to the appropriateness of the referral – the likelihood that the referral will be beneficial to the client and the adequacy of the client's consent for the referral.

**B13.2** Prior to the beginning of therapy, it is important that the counsellor clarifies if the client is presently engaged in therapeutic work with any other practitioner and discusses with the client whether the request for therapeutic intervention by the counsellor is appropriate or warranted.

**B13.3** If the person referring the new client is professionally responsible for overall case-management with the client, it may be professionally appropriate to provide the referrer with brief progress reports. Such reports should be made in consultation with clients and normally only with the client's informed consent.

## **C Probity and Prudence in Professional Practice**

### **Referrals**

**C1.1** It is unethical to accept or offer payment for referrals.

**C1.2** It is unethical to engage in any transactions for financial or other gain, apart from those associated with negotiating the ordinary fee for therapeutic services.

**C1.3** It is unethical to solicit the client of another counsellor.

### **C2 Contractual arrangements**

**C2.1** Where appropriate, counsellors are responsible for developing contracts with their clients that clearly define the terms by which the therapeutic work will be governed.

**C2.2** Contracts need to include an outline regarding availability of the practitioner, term of counselling, confidentiality, payment of fees, and arrangements for cancellation. Where appropriate, an indication of contract reviews needs to be indicated.

**C2.3** If a counsellor agrees to provide services at the request of a third party to another person, it is their responsibility to clarify the nature and purpose of the therapeutic relationship with all the people concerned.

### **C3 Conflicts of interest**

**C3.1** A counsellor should disclose to clients any conflict of interest that may arise, as soon as it arises and after due consultation with the supervisor.

**C3.2** Counsellors conduct themselves in their therapeutic work in a manner that reinforces public confidence in the profession of psychotherapy and counselling.

### **C4 Clinical material and data collection**

**C4.1** Counsellors must be aware of the current requirements of any federal or state legislation in respect of privacy issues.

**C4.2** On the 21<sup>st</sup> of December 2001, all health professionals became subject to the federal *Privacy Act 1988*.

**C4.3** Counsellors have a responsibility to be familiar with both the Privacy Act 1988 and the *Information Privacy Principles* (IPP) contained in Schedule 3 of that Act. The IPP can be accessed through the government's privacy website at: <http://www.privacy.gov.au/publications/ipps.html>

**C4.4** It is important that counsellors retain records of appointments and case notes in secure locations.

**C4.5** Clients are informed of the presence of clinical records and of any data collection processes (aggregated, de-identified or otherwise) in which the counsellor may engage as a part of his practice.

**C4.6** As per the *Privacy Act 1988*, informed consent must be gained from clients for the collection of all data in respect of them.

**C4.7** Clients have a right to correct inaccurate information collected by the counsellor in respect of them.

**C4.8** Counsellors must inform clients of any limitations in respect of access to clinical files and of processes, where these exist, for gaining access to clinical files.

**C4.9** Clients are also informed of the availability of files to other persons and the degree of security with which the records are maintained.

### **C5 Advertising**

**C5.1** Counsellors promote and advertise their work in a way that accurately and honestly reflects their skills, qualifications, experience and theoretical and practical approaches to psychotherapy and counselling.

**C5.2** Upon request, counsellors inform clients of their training credentials and professional affiliations.

### **C6 Obligation to disclose**

**C6.1** Counsellors have a duty to inform CAPA of past or pending criminal charges, past or pending complaints of professional misconduct.

**C6.2** The obligation to disclose is valid both at the time of application for membership of CAPA and/or at the time that such matters arise.

**C6.3** Failure to disclose such material is a serious breach of this Code and may result in the suspension or termination of membership.

## **C7 Care of self as practitioner**

- C7.1** Attending to the practitioner's well-being is essential to sustaining good practice.
- C7.2** Counsellors have a responsibility to themselves and their clients to ensure that their work does not become detrimental to their health or wellbeing by ensuring that the way they undertake their work is as safe as possible and that they seek appropriate professional support and services as the need arises.
- C7.3** Counsellors are entitled to be treated with proper consideration and respect that is consistent with this Code.

## **D. Conclusion**

**D1.1** The demands placed on the profession of counselling and psychotherapy are great. However great, they are commensurate with the responsibility inherent in working with individuals and groups who seek our assistance to better their experiences of relationships and of living.

**D1.2** This document attempts to place such demands and responsibility within the context of an ongoing commitment to the maintenance of, professional competence, respectful and effective relationships with clients and colleagues, and a tangible experience of ethical behaviour.