

# **Code of Ethics and Principles of Good Practice for Members**

## **Effective from 1st January 2007**

---

### **INTRODUCTION**

The purpose of this code is to establish and maintain ethical standards and principles of good practice for sexual and relationship therapists who are members of BASRT (“the Association”), and to inform and protect the public, especially people who seek or use the services of BASRT members.

All members of the Association are required to abide by the current codes appropriate to them.

The BASRT codes are based on three core concepts, which apply to all members of BASRT:

1. The maintenance of professional competence and high standards at all times.
2. The respect for the individual and avoidance of exploitation or abuse of the position of power held by the therapist.
3. The avoidance of bringing the Association or profession into disrepute.

The items set out below are specific examples of required conduct or forbidden behaviour by the therapist and are not exhaustive.

Minor infringements of the core concepts of these codes may, after investigation, lead to a letter of admonition that will be kept on the member’s file. Serious contraventions, such as clear cases of professional negligence or abuse of power, or a number of minor infringements within a set period of time, may, after formal procedures, lead to loss of membership and/or withdrawal of accreditation. The Complaints Procedure is available on

request and may be obtained from BASRT PO Box 13686, London SW20 9ZH or from the website, [www.basrt.org.uk](http://www.basrt.org.uk). Written copies of the Code of Ethics and Principles of Good Practice may also be obtained from these addresses.

## **PART ONE - Code of Ethics for BASRT Members**

### **Terms used**

The term “member”, when used in this document, describes a member of the Association, be they accredited or general member.

The term “client” will be used to describe the individual or couple in therapy with the member, whether face to face or otherwise.

### **Sections**

1. The member is responsible for maintaining appropriate professional care of the client in the therapy relationship, and in all interactions between the therapist and the client.
2. The member is responsible to the client, for making and maintaining appropriate boundaries to the therapeutic relationship, both during and after therapy.
3. The member will always respect the autonomy and ultimate right to self-determination of the client and of others with whom the client may be involved. It is not appropriate for the member to impose a particular set of standards, values or ideals upon the client.
4. The personal dignity of clients is to be recognised at all times and any form of discrimination or exploitation is unacceptable.
5. The member has a duty to clarify the personal, legal and practical limits of confidentiality, so that these limits can be discussed with the client.
6. Any research involving clients should conform to the World Medical Association Declaration of Helsinki 1964, as modified by the Assembly in 1989, which provides guidelines and basic principles for combining research involving human subjects with professional care. An institutional review board or an association for evaluation of ethical propriety must have approved protocols for researching human subjects.

7. The member has a responsibility to uphold the good name of the Association and not to act in any way that could bring the Association into disrepute.

## **PART TWO – Principles of Good Practice**

The task of the therapist is to apply his or her professional skills to widen the client's available options for resolving sexual and relationship problems and to enable clients to make personal choices and decisions for themselves in the light of the fullest available knowledge.

### **A THE EXPECTATION OF PROFESSIONAL COMPETENCE**

The therapist is responsible for

1. maintaining appropriate professional care of the client during the therapy relationship and in all interactions with the client, whether face to face or otherwise. When working on-line due consideration should be given to the supervision for this activity and particular attention paid to the dynamics of working in this manner. Adequate insurance is essential. The contract should include a provision that it is made under relevant UK law and that both parties agree to that and to any complaint being held under BASRT procedures.
2. Maintaining his or her professional competence based on the recognised standards, in what ever setting, by the Association which include ensuring his or her fitness to practice, maintaining self awareness, and being acquainted with new developments in sexual and relationship therapy, and any statutory legislation that may impact on that therapy.
3. Engaging in on-going professional development, in accordance with the continuous professional development required by BASRT, and having access to support in his or her clinical work from experienced colleagues or supervisors, in accordance with the BASRT Guidelines for Supervision.

Recognising his or her own limitations and the limitations and appropriateness of the style or type of therapy used and the availability of other resources to which referrals can be made.

4. Encouraging clients to obtain medical or legal opinions where appropriate.
5. Being prepared to refer on if the therapeutic relationship becomes untenable for whatever reason.
6. Taking account of his or her responsibility to others, as well as to the client if the client's activities are potentially detrimental or damaging to the client or others.
7. Seeing clients in appropriate premises where privacy can normally be ensured and where there is a minimum likelihood of interruption.
8. Paying due attention to all BASRT Guidelines and in particular to BASRT Guidelines for Termination of Practice by Therapists (Information Sheet 2) which advises the appointment of and instructions to, a Therapeutic Executor.
9. Ensuring that insurance cover is sufficient to meet any legal claim made by a client or third parties, either through the therapist's own professional insurance or public insurance where an employer provides cover.

**The Contract: clarification of roles and setting and maintaining boundaries, for example,**

10. Before beginning any professional relationship it is considered vital to achieve an understanding of and agreement to the contract between therapist and client. Setting and maintaining the boundaries is the foundation of the relationship. It is crucial that this is carried out properly and includes informing the client of the existence of the codes under which the therapist works, i.e the BASRT Code of Ethics, Principles of Good Practice and the Complaints Procedure. Clients should be told how they can obtain these documents.
11. It is the responsibility of the therapist to strive to ensure that the client understands the nature of the therapeutic process, and what may be involved in therapy, both risks and benefits, and likely outcomes: so that they can give adequate, informed, ongoing consent to their treatment in the light of the fullest available knowledge.
12. Ensuring that clients understand in advance about the therapist's qualifications, supervision arrangements, and methods of treatment, fees, methods of payment,

details about arrangements for ending therapy, and liabilities for cancellation of appointments under various circumstances. The financial contract must be clear and the giving of favours or substantial gifts on either side should be avoided. If working on-line there are additional requirements that are vital to include and it is the duty of the therapist to ensure the specific requirements are met.

## **Confidentiality**

13. Respecting client confidentiality is a fundamental requirement for keeping trust. The professional management of confidentiality requires the protection of personally identifiable and sensitive information from unauthorised disclosure. A court of law or similar statutory body may require disclosures. Any disclosures should be undertaken in ways that best protect the client's trust. Therapists 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.
14. The personal, legal and practical limits of confidentiality need to be discussed and clarified with the client. In making a contract the client should be informed of circumstances in which there could be potential breaches in confidentiality, for example where the therapist's contract of employment may place on him or her a duty to disclose information. The obligation to maintain confidentiality continues after the therapeutic relationship has ended.
15. Further examples of circumstances when confidentiality may be breached include situations such as supervision or consultancy, and:
  - a. In the circumstances of possible danger to self or others there are particular legal and social dimensions that the therapist must bear in mind, for example within the provision of the Children Act 1998, the Terrorism Act 2000 and the Drug Trafficking Act 1994
  - b. When sexual and relationship therapy, supervision and training in a group format is offered, the therapist must recognise the increased difficulty in maintaining confidentiality and discuss this with potential participants.

- c. If a therapist is formally accused of wrongful conduct, then the need for the therapist to divulge information about a client is recognised. The breaking of confidentiality will be kept to a minimum in consultation with advisors. The therapist will continue to have regard for the wellbeing of the client.
  - d. Within the context of couple therapy, disclosure of information that one client has requested be kept confidential from his or her partner should not be made without consent of the partner who has provided the confidential information.
  - e. When only one partner of a client couple consents to the release of information, the therapist may only release information relating to the consenting client, and should protect the identity and the confidentiality of all information deriving from the non-consenting client.
  - f. When using on-line medium the added complication of confidentiality, including issues of security over the method of payment.
16. The therapist must explain and obtain written consent to any information from the clinical work being used for training or research.
17. The therapist must ensure that any records made in whatever form are kept secure so that only authorised persons can gain access to them, in the furtherance of the client's therapy. The therapist is expected to comply with requests for access to case records which fall within the terms of the Access to Health Records Act 1990, the Data Protection Act 1998 and other relevant legislation.

## **B INTEGRITY AND THE AVOIDANCE OF ABUSE OR EXPLOITATION**

The therapist is in a position of power in relationship to the client, and this situation requires the utmost integrity in recognising and enabling the personal dignity of the client at all times and the avoidance of any kind of exploitation of the client.

### **Recognising the right to self-determination, for example;**

18. Respecting the autonomy and ultimate right to self-determination of clients and of others with whom clients may be involved. It is not appropriate for the therapist to impose a particular set of standards, values or ideals upon clients. The therapist must

recognise and work in ways that respect the value and dignity of clients (and colleagues) with due regard to issues such as religion, race, gender, age, beliefs, sexual orientation and disability.

**Awareness of ones own prejudices, for example;**

19. The therapist must be aware of his or her own prejudices and avoid discrimination, for example on grounds of religion, race, gender, age, beliefs, sexual orientation, disability. The therapist has a responsibility to be aware of his or her own issues of prejudice and stereotyping and particularly to consider ways in which this may be affecting the therapeutic relationship.

**Avoiding discrimination and the inappropriate use of your position, for example;**

20. Any form of discrimination or exploitation is unacceptable. Anti-discriminatory practice should underpin all professional activities whether therapy, supervision or training. Attitudes, assumptions and prejudices can be identified by the language used and interventions offered. The therapist must take care to monitor his or her use of language.
21. The therapist has an ethical responsibility to act in the best interests of the client, be they present or past clients. The therapist must seek to avoid sexual, financial, emotional or any other form of client exploitation at all times.

**Appropriate handling of sexually explicit material or physical contact, for example;**

22. Where the use of sexually explicit material is considered to be appropriate within the overall context of therapy, then the matter must be discussed with the client and the nature of the material and the reasons for its use explained so that the client can give informed consent to its use.
23. Where physical contact is necessary in the course of therapy, the purposes and nature of such contact should be clarified so that the client can give informed consent before such assessment or treatment begins.
24. Consideration should be given to adequate chaperone cover when procedures involving physical contact are to be embarked upon.

25. Therapeutic procedures involving physical contact must only be performed by someone specifically trained for such procedures.
26. Physical examination to exclude organic disease must only be performed by a medical practitioner currently registered by the General Medical Council, unless the examination involves the pelvic region only and is carried out by someone specifically trained and qualified for this procedure, working under medical supervision.
27. It is not acceptable for a therapist to engage in sexual contact or sexualised behaviour with anyone who is or has been his or her own sexual therapy client.

### **C THE AVOIDANCE OF BRINGING THE ASSOCIATION OR THE PROFESSION INTO DISREPUTE**

28. The requirement for responsible professional conduct on behalf of the member extends not only to clients, but to BASRT and the profession as a whole.
29. In general a member should not comment adversely to clients on the clinical practice of other therapists. Where information is disclosed to a member that gives cause for concern about the fitness to practise of another practitioner, the member has a duty to respond appropriately. This response might mean bringing a complaint about another member, always taking due regard for the need for confidentiality.
30. Members may advertise so long as statements are descriptive and not evaluative. The information should be limited to name, relevant qualifications and registration, address and telephone number, times of availability and listing of services and conditions of referral. Only members who have had their Accreditation ratified by the Executive may use BASRT Accredited Psychosexual Therapist or BASRT Accredited Sexual and Relationship Psychotherapist (BASRT AccPST, BASRT AccPsyT, BASRT AccSRPsyT). **General membership does NOT constitute a professional qualification and it should not be represented as such. General members should not present themselves as accredited members.**
31. The Association must be informed by the member concerned if he or she is convicted of a criminal offence in a Court of Law, or has a civil judgement entered against him or her relating to his or her professional work, or has a complaint upheld against him or her in another organisation.

32. After due process in accordance with the Governing Documents, the Executive may withhold or withdraw Accreditation or Membership of the Association from an individual who behaves in a manner deemed not to be in accordance with the Codes of Ethics and Principles of Good Practice of the Association.
33. BASRT is a member of UKCP and has a duty to inform UKCP of any allegations or proven infringements of these Codes of Ethics and Principles of Good Practice and sanctions imposed. Names are only supplied when complaints are upheld and sanctions imposed.
34. Members of the Association have a responsibility to uphold the good name of the Association and not to act in any way that could bring the Association into disrepute. Membership of the Association will be deemed to indicate agreement to adhere to the Code of Ethics and Principles of Good Practice.

**These codes are effective from 1st January 2007.**

Any queries should be made to the Chief Executive of BASRT who will forward them to the Professional Standards Board.