



# Code of Ethical Practice



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## Introduction:

Ethical considerations are more than polarised judgements of right and wrong. They involve exploring principles, morals and values behind a particular intent, intervention and action.

The code sets out the fundamental principles that inform the National Counselling and Psychotherapy Society's (NCPS) approach to ethical issues. It also provides expectations of how practitioners will conduct themselves as members of the NCPS with these principles in mind.

Ethics can sometimes be confused with law. Some ethics are beyond the remit of law and say more about our commitment as a Society to our clients and the community we serve. For example, it is not actually unlawful per se to embark on a consensual sexual relationship with a client, but it would contravene the NCPS Code of Ethical Practice which states that a practitioner will not "cross the boundaries appropriate to the therapeutic relationship".

Where the Code refers to 'clients, as well as former clients', this would include, where relevant and applicable, parents and/or legal guardians.

## Purpose of the Code

The Code sets out the standards expected of all members of the National Counselling and Psychotherapy Society, for the guidance of members (individual, supervisor, training provider or organisational). Members of the Society are expected to inform prospective and present clients, as well as former clients who contact a Member following ending counselling, both of the Code and how to access it online.

Clients and former clients who believe that a Member of the Society has failed to provide the standards of service expected by the Society, having raised their concern with the Member (if appropriate) and received no satisfaction, may contact the Society for advice on making a formal complaint. Full details can be found at <https://www.nationalcounsellingsociety.org/have-a-concern/>

## Fitness to Practise

Under our complaints procedure, we consider a practitioner's fitness to practise. Outcomes could be fit to practise (no concerns raised), impaired fitness to practise (for example but not limited to, a lack of CPD and further training needed, or decline in personal health and wellbeing), fit to practise with sanctions (for example but not limited to, further supervision needed and/or report needed), and unfit to practise (serious and/or multiple breaches of the Code of Ethics). Please see complaints procedure for further detail <https://www.nationalcounsellingsociety.org/have-a-concern/>.

As well as abiding by the Code of Ethical Practice and following guidance from the Society, a practitioner must consider their own self-care and wellbeing in remaining fit to practice in accordance with the fifth fundamental principle, integrity and self-responsibility.

## Fundamental Principles

The ethical principles are set out here to inspire members towards best practice. Ethical decision making is dependent on context which then produces variables and grey areas for consideration. Therefore, there cannot be an obligation to choose one principle above another but rather a framework of principles in which to consider the context of the situation and practitioner involved.

Since 1984 this framework has been developed worldwide and we particularly reference the work of Kitchener (1984) and Kitchener and Anderson (2011).

Although these principles cannot be used to find a 'right or wrong' ethical decision they can be used to make a 'best clinical judgement' and a practitioner of NCPS will need to demonstrate that they have considered these principles in their ethical practice and decision making, especially discussing them with their supervisor.

The fundamental principles of this code are:

- 1. Working towards the good of clients and doing no harm** (Beneficence and Non-maleficence)  
Practitioners hold the welfare of clients central to their work and so commit to avoiding harm.
- 2. Being trustworthy and responsible** (Fidelity)  
Practitioners endeavour to establish trust with their clients and the community in which they work. Therefore, practitioners not only honour the trust placed in them by their clients and the community but also act in a respectful, professional and ethical manner when representing their profession.
- 3. Respect for the dignity and rights of the client** (Autonomy)  
Clients have the right to self-determination and to be shown dignity and respect for making their own lawful decisions (*where applicable consideration of Gillick competence and reference to Fraser Guidelines may be required*).
- 4. Justice**  
Practitioners are aware of their own judgements based on their own experiences and need to take precautions (supervision) to provide a service that is not restricted by their own prejudice and limitations of experience. This also means showing respect for diversity of persons, without prejudice to colour, race, belief, gender, sexuality, social context, and mental and physical abilities.
- 5. Integrity and self-responsibility**  
Practitioners work to be as honest, truthful and accurate as possible. They are also responsible for looking after their own needs and health. So, a practitioner will only commit to a practice that they can offer being aware of own expertise, training, health and wellbeing and let the client know if anything changes.



## Offering a Service

Registrant Members of the Society may offer their services to the General Public. Student members may offer services as part of a formally supervised placement arrangement as defined in the Society's Training Standards.

All Practitioners undertake to:

1. Provide a service to clients solely in areas in which they are trained and competent to do so.
2. Ensure that the premises where counselling takes place and all facilities offered to clients are suitable, appropriate for the service provided and respectful of the clients need for privacy.
3. Discuss with clients realistic outcomes and limitations of the service offered.
4. Inform clients of the confidentiality of the service offered, including any limitations on confidentiality required by law and for the purpose of supervision.
5. Respect the autonomy of clients to choose whether or not to avail themselves, or continue to avail themselves of the service offered.
6. Produce when asked evidence of current professional indemnity insurance.
7. Have a current DBS certificate if working with minors and vulnerable adults, and to produce it when requested. Full details of how to do so are in the members area of the website.
8. Explain fully to clients in advance of any therapy/service: the fee levels, precise terms of payment and any charges which might be imposed for non-attendance or cancelled appointments.
9. Agree clear and transparent contracts and/or terms and conditions, in writing where appropriate, which do not use unreasonable terms or restrict the statutory rights of clients.
10. Ensure that any advertising and promotion of services complies with the Code of Advertising Practice, the CAP Code, ASA Good Practice guidance and Consumer Protection from Unfair Trading Regulations.
11. Not offer clients a therapeutic relationship on the basis of misleading title use (see Appendix A)
12. Inform prospective, present, and former clients if therapy is resumed, of the Society's Code of Ethics and how to access it.
13. Inform clients wishing to address perceived failures by the Member of any arrangements of independent mediation and also of their right to make a complaint under the Society's Complaints Procedure.

## Delivering a Service

Registrant Members of the Society may offer their services to the General Public. Student members may offer services as part of a formally supervised placement arrangement as defined in the Society's Training Standards.

All Practitioners undertake to:

1. Work in ways that promote client autonomy and well-being and that maintain respect and dignity for the client
2. Demonstrate a fully developed, professional awareness of diversity issues; and specifically not permit considerations of religion, nationality, gender, sexual orientation, marital status, age, disability, politics or social standing to adversely influence client treatment. (See Appendix B)
3. Refrain from using their position of trust and confidence to:
  - a. Cross the boundaries appropriate to the therapeutic relationship. This includes, but not limited to: having sexual relationships with or behaving sexually towards clients, supervisees or trainees; maintaining the confidentiality of counselling as far as the law allows; or by exploiting them emotionally, financially or in any other way whatsoever.
  - b. Touch the client in any way that may be open to misinterpretation, for example, but not limited to: a hand on the knee, or a supportive hug. N.B. Before using any touch as a component of counselling, an explanation should be given, and permission received. This can be verbal permission and should be written in case notes.
4. Decline with explanation, inappropriate gifts, gratuities or favours from a client. Examples include, but are not limited to: financial gifts, event or discount vouchers, objects of substantial monetary value. The offering of any gift in therapy is an important event in the therapist-client relationship, and its implications should be discussed with the client and considered in supervision.
5. Should any relationship (i.e., any enduring personal or professional connection other than the clinical relationship between client and therapist) occur or develop between either counsellor and client, or members of their respective immediate families, the therapist should consult their supervisor at the earliest opportunity. It is likely to be appropriate to cease accepting fees, work towards terminating the counselling relationship in an appropriate manner and arranging a carefully considered referral to another suitable therapist at the earliest opportunity.
6. Be consistent with the welfare and expressed wishes of the client and never protract therapy unnecessarily and to terminate therapy at the earliest moment consistent with the welfare and expressed wishes of the client.
7. Remain aware of their own limitations and wherever appropriate, be prepared to refer a client to another practitioner or medical adviser who might be expected to offer suitable support.
8. Ensure that wherever a client is seeking assistance for the relief of physical symptoms, that unless having already done so, the client is advised to consult a registered medical

practitioner. Practitioners should not attempt to diagnose physical symptoms unless they have undergone relevant medical training in diagnostics.

9. Accept that any client referred to them by a registered medical practitioner (or other relevant agency) remains the clinical responsibility of the medical practitioner (or agency). This may involve agreement on any responsibility to agree to keep that medical practitioner (or agency) suitably informed of the client's progress; i.e., unless the client has given permission for the release of such information, feedback should take the form of general comments as to progress rather than the provision of specific details. Practitioners should also be prepared to share information previously agreed with the client necessary for the continuing support of clients by other healthcare professionals, where there is an overlap or hand-over of care.
10. Take all reasonable steps to ensure the safety of the client and any person who may be accompanying them.
11. Deliver counselling services in an appropriate way. (See Appendix C)

## Advertising, Display of Credentials and Use of Specific Titles

All Practitioners undertake to:

1. Ensure that all advertising, no matter in what form or medium it is placed, represents a truthful, honest and accurate picture of themselves, their skill-base, qualifications and facilities and that any claims for the successful outcome of therapy (in whatever format) shall be based upon verifiable, fully documented evidence.
2. Ensure that all advertising shall comply with the British Code of Advertising Practice, in accord with the British Advertising Standards Authority and to make available all such literature to the Society on request.
3. Display only valid qualifications and certificates issued in respect of relevant training courses and events, or certificates of registration, validation or accreditation as issued or awarded by relevant professional bodies.
4. Refrain from advertising any pending accreditation, approval or membership grade until such accreditation or membership is actually granted.
5. Ensure that an academic doctorate cannot be confused by clients with medical qualification unless the practitioner possesses such qualifications.
6. Follow advertising guidance for therapists when using specific titles (see appendix A).

## Confidentiality, Maintenance of Records and Recording of Sessions

All Practitioners undertake to:

1. Maintain strict confidentiality within the client/counsellor relationship, always provided that such confidentiality is neither inconsistent with the therapist's own safety or the safety of the client, the client's family members or other members of the public, nor in contravention of any legal action (i.e., criminal, coroner or civil court cases where a court order is made demanding disclosure) or legal requirement (e.g., Children Acts). Further information can be found in the [Society's Safeguarding Policy](#).
2. Ensure that client notes and records be kept secure and confidential and that the use of computer records conforms with the terms of the General Data Protection Regulation (GDPR) and guidance from the Information Commissioners Office (ICO). If a member is keeping digital notes or data about anyone they may need to register with the ICO as the person responsible for doing so in the nature of business. Individuals should check whether they are required to register <https://ico.org.uk/for-organisations/register/self-assessment>. N.B. Manual records should be locked away when not in use and those held on a computer should be password protected.
3. Client records (paper files, laptops) should be kept in a locked cabinet/briefcase within a secure property. If transporting client files outside of practice premises this must be done in a locked container. Any client records that have to be left temporarily in a car should be in a secure, locked container and locked in the car boot. Electronic files should be kept secure behind password enabled software, and that password should be changed regularly.
4. Ensure that client records are appropriate, accurate, relevant, lawful and secure. Record keeping involves a range of potential complexities, ethical and legal issues, and supervisory support is important. Members' policies where session notes are concerned must also reflect ethical and legal awareness. The possibility of clients or external parties requesting access to such notes must be considered.
5. Obtain written permission from the client (or if appropriate, the client's parent/s or legal guardian/s) before either digitally or electronically recording client sessions, or discussing undisguised cases with any person other than a supervisor. A supervisor's advice must be sought if suitably disguised references to actual clients are to be published in print or online, and where required should be with the client's permission. With particular reference to the use of CCTV or similar equipment, all clients must be fully informed when such equipment is in operation and as above, written permission must be obtained prior to the commencement of any client session.
6. Advise the client that anonymised cases may sometimes be used for the purposes of academic assessment, individual and peer supervision or the supervision and/or training of counsellors; and refrain from using such material should the client indicate a preference that it should not be used for these purposes.



## Continuing Professional Development (CPD) and Supervision

Regarding CPD, all Practitioners undertake to:

1. Maintain or improve their level of skills and professional competence in an appropriate manner commensurate with their vocations.
2. Maintain a varied Continuing Professional Development programme and completed to current Society requirements for registrant members.
3. Ensure that their CPD enhances their professional practice and improves the service provided to clients. It is important to keep up to date with new developments relevant to practice.
4. Complete CPD in accordance with current Society guidance per 12-month period, keeping theoretical and practical knowledge and skills up to date by learning more about their discipline and learning more about how to work as a professional practitioner, including any new legislative requirements.
5. Complete CPD in a range of activities.

Further CPD guidance can be found at </members/continuing-professional-development-cpd>

Regarding supervision, all practitioners undertake to:

1. Have formal one to one supervision in place and obtained from a properly qualified and trained supervisor. Attendance should be commensurate with practice hours.
2. Ensure that clients with presenting issues outside of a practitioner's scope of ability, are discussed in supervision and where appropriate referred to another practitioner.
3. Ensure a written contract is provided from the supervisor.
4. Maintain confidentiality of clients within the arrangement.
5. Not engage in any dual relationship when seeking supervision. Examples of dual relationship can be found in the members area of the website.
6. Keep a record of supervision hours.

Further Supervision guidance can be found at </members/supervision> and via the Society Good Practice Guidance Documents.

## Working with Minors and Those Classified as Persons with Special Needs or Vulnerabilities

All Practitioners undertake to:

1. Obtain the written consent of an appropriate adult (i.e., parent, legal guardian or registered medical practitioner) with the exception of those who are Gillick competent, before conducting therapy with clients who are either under the age of majority or are classified as persons with special needs or vulnerabilities. It is recommended that members hold a current DBS certificate. Full details of how to obtain a DBS can be found in the members area of the website.
2. Ensure that methods of communication are monitored where a client is a child or young person. It is not sufficient to assume that a text message, email or other non-immediate form of communication has been understood or received in a timely manner. Where a client may be at risk, direct communication (face to face or by telephone contact) is required.
3. Offer a proactive service which must include following up on any advice or recommendations given to seek further help e.g., medical intervention, and to inform the parents, legal guardian and/or General Practitioner if the client is at risk of harm.
4. Diligently follow any escalation process required for any contracted work. When in private practice, escalate any concern of risk of harm to the parents, legal guardian and/or General Practitioner as appropriate.
5. Obtain further knowledge and training specialised in working with children and young persons.
6. Ensure supervision is obtained from a supervisor with experience of, and preferably specific training in working with children and young persons.
7. It is advisable that note taking is practised and ensure note taking for clients, who are children and young people includes: dates of any significant events, dates of any escalation and referrals (including when taken to supervision), who referrals are made to, and follow up action taken. Expect these notes to be provided to the Society in the event of any complaint.

Guidance can be obtained at [nationalcounsellingsociety.org/members](https://nationalcounsellingsociety.org/members)

## General Conduct

All Practitioners undertake to:

1. Conduct themselves at all times in accord with their professional status and in such a way as neither undermines public confidence in the process or profession of counselling, nor brings it into disrepute, being aware of professional and personal boundaries.
2. Members are required to cooperate with the Society's complaints process for the time being in force; to provide the Society with evidence requested as part of a complaints process, and to attend and cooperate with complaints hearings when necessary.
3. Never publicly criticise, malign or professionally obstruct another member of the profession, unless there is an issue of public protection and concern which should be addressed through a properly constituted complaints procedure.
4. Never diagnose or treat a person as mentally ill on the basis of that person's race, ethnicity, age, gender, sexual orientation, or political, religious, ideological, moral or philosophical beliefs.
5. Respect the status of all other medical/healthcare professionals and the boundaries of their professional remits.

Ensure that they maintain the highest level of communication with clients (avoiding abbreviation and shorthand) whether by telephone; email; text or any other social media messaging service. See (Appendix C)

## Research Ethics

For all practical purposes, where research directly involves clients or trainees, all clauses within the Code of Ethics are applicable. In addition, researchers should:

1. Accept that all participation by research subjects is on a purely voluntary basis. No pressure of any type should be exerted in order to secure participation. Payment must not be an inducement if the research involves participants in taking risks beyond that taken in the normal course of the participant's everyday life.
2. Ensure that proper consent has been obtained prior to the commencement of any research project. This is especially so in the case of minors or persons with special needs. N.B. This does not apply where general research of a purely statistical nature is carried out. In longitudinal research, consent may need to be repeated at intervals.
3. Make clear to the participant at the outset that initial consent does not negate their right to withdraw at any stage of the research.
4. Maintain complete openness and honesty with regard to both the purpose and nature of the research being conducted.
5. Consider any potential adverse consequences to participants as a result of any intended research project and be ready to signpost should support be required.

6. Accept that if, during research, a participant exhibits or presents a condition they seem unaware of, then the researcher has a duty to inform the subject of that, and advise the participant if they believe their continued participation may jeopardise their future well-being.
7. Provide, where relevant, for the ongoing care of participants with regard to any adverse effects that might arise as a consequence of and within a reasonable time period after, their involvement within any research project.
8. Understand and act upon the principle that the privacy and psychological well-being of the individual subject is always more important than the research itself.

## Training Ethics

All Practitioners and Practices (all members either individual, training provider or organisational) undertake to:

1. Ensure that any training they offer meets commonly accepted standards, with tutors appropriately qualified to teach the subject matter. Further guidance about course standards can be found here [/become-a-member/training-provider-membership](#)
2. Communicate clearly whether or not the training on offer is in itself sufficient to lead to professional registered status as a counsellor according to the National Counselling and Psychotherapy Society Standards, as distinct from specialist further training or continuing professional development.
3. Clearly and honestly communicate and explain any accreditation or approval given to their training courses to their students or potential students.
4. Refrain from advertising any pending accreditation, approval or organisational membership until such accreditation or membership is actually granted.
5. Deliver only a course which is entirely their own intellectual property (unless under specific written licence from the copyright holder), at all times refraining from plagiarism.
6. Not participate directly or indirectly (e.g., as a course tutor, marker, promoter, manager, interviewer etc.) in any training which does not meet all the above Training Ethics criteria.
7. Make students aware of the importance of the Accredited Register programme as the benchmark of safe and ethical practice in order to protect the public. Advice should be given to join an Accredited Register.

## Non-Registrant Members

The Society classes non-registrant members as those that are either a Member or Student. Non-registrants, and those who are not in practice through non-compliance with Society procedures or those taking a career break, should follow all guidance issued by the Society. Student members should only see clients as part of a formal placement arrangement.



## Relationship with the Society

All Practitioners undertake to:

1. Notify the Society, in writing, of any change in the name, contact address, telephone number or email address, of their practice at the earliest convenient moment and in any event within 14 days of the change taking place.
2. Inform the Society, in writing, of any alteration in circumstance which would affect either their position or ability as practitioners.
3. Inform the Society, in writing, of:
  - a. Any complaint of which they are aware made against them
  - b. Any disciplinary action taken against them by any other professional body
  - c. (i) any criminal offence for which they have been arrested, ensuring that the Society is updated as the progress of the case (ii) any criminal convictions
4. Make available all relevant information requested as a result of investigation by any complaints process of which the Society is a signatory or in which it participates, without hindrance (whether implied or actual) or unreasonable delay and comply fully with all reasonable requests. As an Accredited Register holder, the Society may share the above information with other Accredited Register holders in the interest of public safety under the Standard 10e policy.

## Appendix A: The Use of Special Titles

The National Counselling and Psychotherapy Society sometimes receives applications from therapists who utilise the titles "Dr."; "Reverend"; or "Professor".

Legally, the title "Dr." may be used in the UK EITHER by the holder of a medical "doctorship", i.e., a licensed medical practitioner; OR by the holder of a doctorate – i.e., someone who has been awarded the highest category of academic postgraduate degree, e.g., a D.Phil, PhD, etc., whether from a UK institution or a foreign body.

The title "Reverend" may be used by a Minister of Religion, ordained by the internal rules of his or her religious body, whether UK based or foreign.

The title "Professor" may be used by the holder of a Chair in any subject from a UK Chartered University, by someone awarded the title of Visiting Professor, or by an Emeritus Professor. And may also be a lesser title related to someone who teaches any subject in a foreign university or college, i.e., equivalent to "lecturer."

However, it is not the job of the Society to enforce the law. **The Society's concern is how the use of any Special Title is related to ethical practice as a therapist.** There are three fundamental ethical considerations:

1. **Medical Misdirection** The client is led to believe, whether by commission or omission, intended or inadvertent, that the therapist is a licensed medical practitioner in the UK when they are not. This is highly unethical and potentially dangerous, as well as possibly illegal. The Client risks accepting diagnosis and prognosis from the therapist as though it carried the weight of a medical practitioner.
2. **Misdirection by Relevance** The client is led to believe, whether by commission or omission, intended or inadvertent, that the therapist's title is relevant to the practice of their therapy, when it is not. For example, although the therapist makes plain, he or she is not a licensed medical practitioner, his or her doctorate is, in fact, in a subject totally unrelated to therapy.
3. **Misdirection by Quality** The client is led to believe, whether by commission or omission, intended or inadvertent, that the therapist's title fulfils the requirements of widely recognised common UK standards, when it does not. For example, the doctorate has been awarded as an honorary title, on the basis of life experience, or from a foreign institution whose standards are far short of those of a UK Chartered University.

The Society cannot, and does not wish to, prevent therapists using Special Titles to which they are legally entitled in their general lives. However, if the therapist wishes to be a professional member of the Society, he or she must adhere to society guidance for using these titles **in their role as a counsellor**. This means in all aspects of their clinical practice – initial advertising, business cards, leaflets, websites, and during their consultations.

**The Title "Dr."** MAY be used in a counsellor role if the counsellor:

- Is a UK licensed medical practitioner
- Holds a doctorate **in a subject directly relevant to therapy** AND if the doctorate is from a UK Chartered University
- Holds a doctorate **in a subject directly relevant to therapy** from an academic institution DEEMED EQUIVALENT to that of a UK Chartered University by the Society

But MAY NOT be used in the role as a counsellor:

- If the counsellor holds a doctorate in a subject not relevant to therapy i.e., a Dr of archaeology.
- If the doctorate is from an institution with lower standards than a UK Chartered University. Life Experience, Non-Accredited by the State, Honorary, and Doctorates that utilise less than the equivalent of three years' full-time study are included in this.
- If the counsellor holds a non-medical doctorship.
- If their advertising in any way implies, by omission or commission, that they are a licensed medical practitioner.

**The Title "Reverend"** MAY be used in the role as a counsellor:

- ONLY if the therapy is being given in a religious context, i.e., as a religious minister, or if the therapist is advertising spiritual or religious counselling
- AND only if the title's origin is fully explained when requested.

**The Title "Professor"** MAY be used in the role as a counsellor:

- ONLY if the title is held by the holder of a Chair from a Chartered UK University or is a visiting professor or an emeritus professor linked to a Chartered UK University, or foreign institution deemed equivalent by the Society AND
- ONLY if the title is related to a subject directly relevant to therapy

### Advertising Guidance when using special titles

**Short Adverts** (business cards, news & magazine articles, Yellow Pages etc) must EITHER contain the phrases "non-medical doctor" or "not a medical doctorate" OR contain an explanatory phrase such as "doctorate in psychology - non-medical."

**Long Adverts** (pamphlets, leaflets, websites etc) must contain the phrases "non-medical doctor" or "not a medical doctorate" AND must contain an explanatory phrase or description of the title, e.g., "doctorate in psychodynamic psychology from the University of London"

**Consultations:** Clients must be informed orally at all initial consultations that the therapist is not a medical doctor. Every effort must be made to ensure that the client is not confused about this issue.

**Biographies:** If longer advertising contains a biography, provided that the heading "Biography" is used, then the following Special Titles may be listed if fully explained:

- Doctorates not related to therapy but from UK Chartered Universities or equivalent
- Professorships not related to therapy but from UK Chartered Universities or equivalent

However, these titles must not be used anywhere else in the advertising other than within the text of the biography.

**The Title "Reverend"** must be fully explained in all longer advertising, including the denomination of the award.

**The Title "Professor"** must be fully explained in all longer advertising, including the name of the awarding University.



## Appendix B: Conversion (Reparative) Therapy

We take the view that the practice of conversion therapy has no place in the modern world. It is unethical and harmful and not supported by evidence.

Conversion Therapy is the term for therapy that assumes certain sexual orientations or gender identities are inferior to others, and seeks to change or suppress them on that basis.

Sexual orientations and gender identities are not mental health disorders, although exclusion, stigma and prejudice may precipitate mental health issues for any person subjected to these abuses. Anyone accessing therapeutic help should be able to do so without fear of judgement or the threat of being pressured to change a fundamental aspect of who they are.

1. The Society respects sexual diversity as part of our approach to diversity, equalities and social responsibility.
2. The Society does not consider homosexuality, bisexuality, transsexual and transgendered states, or asexuality to be pathologies, mental disorders or indicative of developmental arrest. These are not 'symptoms' to be treated by counsellors in the sense of attempting to change or remove them. Counsellors must at all times respect the best interests of their clients.
3. Practitioners must recognise the limits of their practice, training and experience in issues of sexuality and if necessary refer the client to an experienced therapist for specific help.
4. If a practitioner's personal, theoretical or religious beliefs mean that they are unable to work in a non-judgmental way with a lesbian, gay, bisexual or transgender client, or one who identifies as asexual, the client should be referred to another therapist.
5. No member should offer counselling that seeks to change sexual orientation or influence gender identity (SOCE, reparative, conversion or reorientation therapy, or similar therapies by other names).
6. Counselling should not be offered that seeks to eliminate or reduce same sex attraction in clients.

Please contact the Society for further information if necessary.

## Appendix C: Communications and Social Media

As a professional association for counsellors and psychotherapists the National Counselling and Psychotherapy Society is committed to promoting and providing high standards in the practice of counselling. The Society expects all practitioners to conduct themselves at all times in accord with their professional status and standards. This is principally addressed in the Code of Ethics, but it is recognised that more and more practitioners are using various forms of electronic media including social networking sites; blogs; email, text messaging and SMS; online platforms etc. to communicate with friends, family, professional networks and clients.

There is no doubt that this way of working has some huge benefits, not least access for those who are physically unable to travel or geographically not close enough to the therapist for face-to-face sessions. However, before providing counselling or advice/suggestions via any online platform/text messaging/email the practitioner should have considerations in place to deal with the following:

- Crisis prevention planning and frequency of contact etc. along with practical matters such as charge structure within the original contract.
- The danger that a client may believe he or she has 24-hour accessibility to the therapist.
- The potential for a lack of time for reflection on either party before responding to each other.
- Awareness of potential professional and personal overlap by the careful and restrained use of social media such as Twitter, Facebook etc.
- When using Facebook or other social media platforms, personal accounts must be kept private from public viewing by making use of privacy levels according to the specific social media platform. Additional and separate user accounts for professional purposes and use, should be used.
- When using any online platform, software, technology or app to offer client services, it is important only to use platforms which are secure in terms of GDPR, breaches of confidentiality, hacking and data storage. Members are required therefore to take all reasonable steps to ensure that client data and confidentiality are secured, and follow all guidance issued by the Information Commissioner's Office.

*Please note that the Society cannot prescribe, or proscribe, any particular platform due to the large number of platforms available and the constantly changing profile of those platforms.*

- There is no guarantee of delivery using electronic communications and it is advisable to gain confirmation of receipt

Whilst offering or delivering counselling via any online/social media platform the practitioner must be aware of their duty to follow the Code of Ethics.

Practitioners must also be aware that open online platforms and group chats such as forums, are not appropriate for discussing client work and do not replace the need to have formal supervision. Practitioners must be aware clients may still be able to identify themselves even though you may disguise names.

## Appendix D: Rights and Responsibilities towards Potential Clients

A “potential” client refers to an individual who has made an initial approach to a counsellor with the intention of becoming a client. A “potential client” only becomes a client when an agreement has been reached between them and the counsellor to enter into a counselling relationship.

For the avoidance of doubt, an initial consultation, interview or assessment offered by the counsellor to assist the counsellor in determining whether or not they wish to offer a counselling relationship, and to assist the potential client in making such a determination, occurs with a “potential client” and the client relationship does not begin at this point.

Possible outcomes may include a decision by either party not to enter into a counselling relationship, and it should be made clear to potential clients that this is a possibility. Where payment is made for the initial assessment interview, it should be made clear that said payment is for the counsellor’s time and does not constitute a commitment to accept the potential client for therapy or to provide further support.

A client relationship only begins from the point at which counsellor and client explicitly mutually agree to enter into such a relationship, whether or not this is via the medium of a written contract. All communications prior to this point, whether in writing or by phone/video chat etc, are not a client relationship.

### **Counsellors have the following ethical responsibilities towards a potential client:**

- Clear communication with potential clients about, but not limited to: appointment times, availability, Terms and Conditions of working etc
- Timely communication with potential clients
- Clear, unambiguous and timely communication about a decision not to work with a client
- Signposting to other therapeutic opportunities, e.g. other psychological or medical professionals, if appropriate.
- Confidentiality concerning a potential client’s identity and presenting issues, subject to relevant legal and safeguarding considerations.

### **Counsellors have the following rights concerning potential clients:**

- The right to decide not to work with the client and to communicate this with the client.
- The right to state that the reason for not wishing to work with the client is because the counsellor does not believe that they would be the right therapist for the potential client without additional explanation
- The right to cease communication with the potential client and the right to inform the potential client that they will not communicate further with them.
- The right to protect their own personal safety, and to make decisions based upon a reasonable belief that their personal safety could be compromised by continued communication with a potential client.



- The right not to engage with excessive self-disclosure or unreasonable expectations by a potential client, for example, where the potential client may have an expectation of therapeutic work occurring prior to a contracted counselling relationship being established.