



# AFT

# Code of Ethics and Practice

Policy Document

February 2011

## introduction

**The purpose of the AFT Code of Ethics and Practice is to define general principles and to establish standards of professional conduct for psychotherapists in their work and to inform and protect members of the public who seek their services.**

- A.** The Association for Family Therapy and Systemic Practice (AFT) is the only organisation for family therapy and systemic practice, which covers the whole of the United Kingdom. It has members from all the main helping professions, and seeks to improve the standards of professional practice with family and other systems, by promoting family therapy ideas in practice, teaching, supervision and research. A significant number of members of AFT are employed in designated posts as Family and Systemic Psychotherapists, to whom AFT provides the services of a professional body. AFT accredits family therapy training courses at various levels in the United Kingdom.
- B.** AFT is a member of the United Kingdom Council for Psychotherapy (UKCP), and is responsible for the registration of individual members. In accordance with UKCP requirements, registered Family and Systemic Psychotherapists are subject to AFT's formal complaints and disciplinary procedures. There may be a range of sanctions including de-registration of the therapist. Non-registered members of AFT (either qualified Family and Systemic Psychotherapists who have not registered or other professionals using family therapy ideas, e.g. systemic practitioners) who bring the organisation into disrepute are subject to discipline by the AFT Board who may suspend or terminate membership of AFT.
- C.** AFT is a member of the Family, Marital, Sexual and Systemic Therapy Section of the UKCP whose flag statement is: 'Organisations within this Section have in common an understanding that symptoms, problems and difficulties arise in the context of relationships, and are to be understood in terms of interactive and systemic processes. The main focus of intervention emerges from these patterns of interaction and the meanings given to them. Given this focus, the members may work with individuals, couples, families or parts of them, and other significant relationship networks.'
- D.** Each member organisation is required to include and elaborate upon those principles in its own Code of Ethics.
- E.** The terms 'family therapy' and 'systemic practice' are to be understood as referring not only to systemic work by therapists and practitioners with families, but also to activities such as consultation, publication, research, supervision, training and a variety of direct forms of work with clients other than as part of a family.
- F.** The term Family and Systemic Psychotherapist refers to a person who has completed accredited qualifying-level training, and/or is registered with UKCP. The term systemic practitioner refers to a person who has completed training to intermediate level. For the sake of clarity the generic term Member will be used throughout the Code to emphasise that the Code refers to all members of AFT whether they are Family and Systemic Psychotherapists, systemic practitioners or any other person who is a member of AFT. See also para. 19
- G.** In addition to the ethical requirements of members in their relationships with families and individual clients, there are crucial contextual issues which they have to address in order to be effective in their work. These include:
- i.** Making satisfactory arrangements with their employing agencies, particularly when it comes to:
    - a.** having a systemic approach accepted as a viable way of working,
    - b.** receiving adequate support and supervision, and
    - c.** being provided with at least the minimum facilities to practice as a Family and Systemic Psychotherapist.
  - ii.** Promoting greater public awareness of issues to do with the emotional health of family life, and information about family therapy.
  - iii.** Familiarising themselves with any local interagency procedures in relation to child protection and mental health.

## general principles

- 1.** The purpose of family therapy and systemic practice is to promote greater well-being and/or understanding in those with whom members are concerned.
- 2.** Members must promote the welfare of families and individuals. Relationships with clients must be based on honesty and integrity.
- 3.** When faced with an ethical dilemma members

should adopt the course of action which 'maximises the good' and does the 'least harm'. They should attach particular weight to the rights of the vulnerable and those with least power.

4. Members are required to refrain from any behaviour that may be detrimental to the profession, to colleagues or to trainees.
5. Members must not exercise negative discrimination in the selection of clients on the basis of age, gender, disability, race, sexual orientation, religion, social class, national origin or political affiliation.
6. Members should be aware of the particular needs of children and vulnerable adults and attend to issues of safety.
7. Members should endeavour to adopt a culturally sensitive stance to clients from ethnic minorities and should do what they can to make therapy accessible to those constrained by disability, poverty or language barriers.

### **therapeutic contract**

8. There must be a clear and unambiguous agreement between members and client(s) regarding the work to be undertaken.
9. Before therapy begins, members should provide an appropriate explanation of the nature of the therapy being offered.
10. Where relevant, members should be prepared to recommend alternative treatment to their clients and help them obtain such alternatives from appropriately qualified practitioners.
11. Members in private practice must discuss financial arrangements before therapy begins. Fee arrangements must be clear and explicit.
12. Members must not accept payment from referrers, nor pay anyone a fee for referrals made.

### **relationships with clients**

13. Members should maintain appropriate boundaries with their clients. They must take care not to exploit current or former clients in any way, whether financially, emotionally or sexually.
14. Sexual intimacy with clients is always unethical and any possibility of attraction should be discussed with the appropriate superior/supervisor and alternative therapy arrangements made. Sexual intimacy with former clients is prohibited for three years following the termination of therapy.
15. Members should not use relationships with clients to further personal, religious, political or other non-professional interests.
16. Therapy should continue only so long as it is beneficial to the client(s).
17. Financial transactions between members and clients, other than those relating to fees, are forbidden.
18. The use of violence against a client is forbidden, though the use of restraint and/or reasonable force within the law may be justified if the safety of any person present is threatened.

### **qualifications**

19. Members must disclose their qualifications if requested, and must not claim to possess qualifications which they do not have. Membership of AFT should not be presented as a qualification. The title of Family and

Systemic Psychotherapist should not be used unless the practitioner has successfully completed accredited qualifying training and/or has UKCP registration.

20. Advertisements should not make false claims and should only describe training undertaken, qualifications held, and services offered by the therapist.

### **competence**

21. Members should operate only within the limits of their competence, and must cease to practice if that competence becomes impaired for any reason.
22. Qualification as a Family and Systemic Psychotherapist affirms competence to practice independently. Family and Systemic Psychotherapists are required, however, to maintain their ability to perform competently through continuing personal and professional development.
23. Members must ensure that they have made appropriate arrangements for supervision of and/or consultation to their practice.

### **confidentiality**

24. At the outset of therapy, members should clearly explain the confidential nature of their work to clients. All material and information passing between clients and therapist is confidential.
25. Confidential material may be disclosed to colleagues without the client's consent where those colleagues are bound by rules of confidentiality. Examples would include case discussions, allocation meetings and supervision.
26. Members should inform clients that circumstances may arise when it is a matter of public or professional duty to break confidentiality. Situations involving self harm or actual or potential risk of harm to family members or others would constitute such circumstances.

### **notes, records, use of video and audio tape**

27. Permission must always be obtained from clients before audio- or videotape recordings are made of a therapy session. The uses to which such recordings may be put must be fully specified. Specific consent must be obtained from clients to use tapes in research or teaching.
28. Specific consent forms must be signed by each client, including children where appropriate, and only in exceptional circumstances should parental permission overrule the wishes of a child. It is not sufficient to record consent on audio- or videotape.
29. Members should clarify with clients how long tapes can be held. Recordings must be erased after the time agreed with clients, unless further consent is obtained.
30. Clients' records, including notes and tapes, must be stored securely. Any personal data stored in any form, including electronically, must be completely safe and confidential, in accordance with current legislation. Members should familiarise themselves with these requirements and those maintaining electronic records will need to be registered under the Data Protection Act (1998). Records should be retained for a minimum of 7 years after the termination of therapy.

### **wider context of therapy**

31. Members are advised to gain consent from clients before contacting general practitioners and other professional agencies in situations where this is appropriate.
32. Members must inform clients if their professional role also involves responsibility to take statutory action (e.g. under the mental health act or child protection legislation).
33. Some members have more than one professional qualification. These members should make it clear to clients in which professional role they are practising, in order to avoid any conflict of interests.
34. Members have a duty to recognise, protect and promote the particular rights and needs of all individuals in families. This may sometimes include responding to requests for individuals to be seen separately.

### **fitness to practise**

35. Members are responsible for addressing any current limitations, such as factors in their personal background, and mental or physical ill-health, which affect their ability to practise competently.
36. Members should not practise when under the influence of alcohol, or drugs that are likely to affect their judgment, or when impaired by illness, psychological distress or infirmity.
37. Members should take appropriate action if they are concerned about a colleague's behaviour or fitness to practise. This could include initiating the relevant complaint and disciplinary procedures.

### **professional executors**

38. Members should make provision for the appropriate care of their clients in the event of sudden illness or death by naming a colleague or colleagues who should be kept up to date with names and addresses of current clients. Such colleagues would also be responsible for administering the professional estate of a therapist who dies suddenly, in accordance with AFT's Guidelines for Professional Executors.

### **professional indemnity insurance**

39. Members must ensure that their professional work is adequately covered by appropriate indemnity arrangements against possible claims for damages for negligence, malpractice or accidental injury, whether in private practice or in work undertaken for an employer. Members must never assume that someone else is holding this responsibility.

### **research and publication**

40. Members who undertake clinical research must comply with the requirements of their Local Research Ethics Committee and their employer's Governance procedures, and must gain fully informed consent from clients who participate.
41. Members are advised to seek consent from clients before using clinical material in any publication. Care

should be taken to ensure that any material used in publications or in lectures, seminars and workshops is presented in such a way as to protect a client's anonymity.

### **relationships with colleagues, trainees and junior staff**

42. Members must address ethical issues in training and supervision and should ensure that all students, trainees and junior staff for whom they are responsible, maintain an appropriate ethical standard in their practice.
43. Members who engage in personal relationships with students, trainees or colleagues must ensure that such relationships do not compromise their effectiveness as therapist, consultant or trainer, or interfere with the standard of service offered to clients.
44. Sexual intimacy between supervisors/trainers and trainees should be actively discouraged for the duration of the course and any possibility of attraction should be discussed with the appropriate superior (e.g. head of department) and alternative training arrangements made.

### **working with the media**

45. Members who work with the media, for instance in making TV programmes, are required to adhere to the same ethical guidelines that would apply to clients in other contexts. They should examine their personal motivation for taking part and keep participants' needs at the centre of their concern with a particular focus on the needs of children and vulnerable individuals. They should also consider the impact on their current clients. They should not get involved if the topic is outside their area of expertise.

### **complaints and disciplinary procedures**

46. Members must inform AFT if an employer or professional body upholds any complaint and/or takes disciplinary action against them, if they are convicted of any criminal offence, or if successful civil proceedings are brought against them in relation to their work.
47. Anyone who has any concerns about the ethical conduct of an AFT member should bring this to the attention of the AFT's Ethics Committee, who will investigate the complaint.
48. The complaints procedure can be viewed at [www.aft.org.uk](http://www.aft.org.uk) or obtained from the AFT office.

**AFT's Ethics Committee welcomes queries from members about any aspect of this Code as it relates to their practice. Please contact Sue Kennedy, AFT Executive Officer, 7 Executive Suite, St James Court, Wilderspool Causeway, Warrington WA4 6PS. Tel: 01925 444414 E-mail: [s.kennedy@aft.org.uk](mailto:s.kennedy@aft.org.uk)**

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