



**CODE OF ETHICS  
AND PRACTICE  
FOR PSYCHOTHERAPISTS**

**Rationale for the amendments made in 2018 to the  
IAHIP Code of Ethics and Practice for Psychotherapists (Bye Law 3)**

Following complementary submissions from both the Child & Adolescent Working Group and the Ethics Committee, each with the support, where relevant, of the Accreditation and Supervision Committees, Bye Law 3 was strengthened and updated to reflect the following emerging needs under our Code of Ethics and Practice for Psychotherapists:

- By offering clearer guidance on our legal and other responsibilities when limiting the confidentiality, we can legally offer to clients (see amended clause 6 and new clause 8)
- By setting out our obligations where the protection of children and vulnerable adults is concerned (see new clause 7)
- By expanding the existing guidance on the active monitoring of the boundaries and limits to one's own psychotherapeutic competence (see new clause 9). In particular, in order to comply with the ICP standards for working therapeutically with children and adolescents in psychotherapy, specific guidance has been provided on the requirements expected of practitioners working, or intending to work, with children or adolescents (see sub-clause 9.2).

## **BYE LAW 3**

### **CODE OF ETHICS & PRACTICE FOR PSYCHOTHERAPISTS**

#### **1. Introduction**

- 1.1 The purpose of this Code is to establish and maintain standards for psychotherapists who are accredited members of the Irish Association of Humanistic and Integrative Psychotherapy Limited (IAHIP), and to inform and protect members of the public seeking and using their services. Certified Associates, Pre-Accredited Associates, and Student Associates consent to be governed by this Code of Ethics and Practice of IAHIP.
- 1.2 Members (and other categories described in 1.1 above) accept a common code of reference within which to manage their responsibilities to clients, colleagues and the wider community. Whilst this Code cannot resolve all ethical and practical related issues, it aims to provide a framework for addressing ethical issues and to encourage optimum levels of practice. Psychotherapists will need to judge which parts of this Code apply to particular situations. They may have to decide between conflicting responsibilities.
- 1.3 The term 'client' refers, but not exclusively, to recipients of individual, couple or group psychotherapy. The terms 'therapy' and 'psychotherapy' are interchangeable as are the terms 'therapist' and 'psychotherapist'.
- 1.4 If requested by a client a psychotherapist will provide information about the Code of Ethics and Practice of IAHIP.

#### **2. The Nature of Humanistic and Integrative Psychotherapy**

##### **2.1 Definition**

Humanistic and Integrative Psychotherapy is a psychotherapeutic approach that has its origins in humanistic philosophies and acknowledges the validity of and use of a variety of psychotherapeutic methodologies, that may be used in their own right or when combined represent an integrative psychotherapeutic methodology.

The practice of Humanistic and Integrative psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of reducing cognitive, emotional or behavioural patterns and or disease, that will in turn promote the maturation, development, health and self-regulated wellbeing of the treated person. It requires both a general and a specific training/education.

## 2.2 **Description**

Humanistic and Integrative Psychotherapy emphasises that persons are self-regulating, self-actualising and self-transcendent beings, who are responsible for themselves. *Based on a phenomenological view of reality, the emphasis is on experience, and the nature of the therapeutic relationship is seen as a meaningful contact between equal persons.*

- 2.3 Humanistic and Integrative Psychotherapy acknowledges the validity of a variety of approaches to the individual. While accepting the contribution of many approaches, it is concerned with discovering and working with the essential elements of the functioning individual as these are understood and made sense of in a humanistic perspective. It is open to the exploration of the inter-relationship and inter-connection of theory and method in two or more approaches and may employ these as is judged appropriate, or it may attempt to integrate these as one organised and coherent approach.
- 2.4 The overall aim of humanistic and integrative psychotherapy is to provide an opportunity for the client to work towards living in a more satisfying and resourceful way. The term psychotherapy includes work with individuals and groups of people and the objectives of the work will vary according to the client's needs. Psychotherapy may be concerned with developmental issues, developing personal insight and knowledge, working through feelings of inner conflict or improving relationships with others. The role of psychotherapy is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for self-determination. The aim is to empower clients and encourage them to take control of their lives.
- 2.5 Only when both the therapist and the recipient explicitly agree to enter into a therapy relationship does it become psychotherapy'.
- 2.6 Psychotherapy is a non-exploitative activity. Its basic values are integrity, impartiality and respect.

## 3. **Issues of Responsibility**

- 3.1 The terms on which psychotherapy is being offered should be made clear to clients before the work commences. It is the client's choice whether or not to participate in psychotherapy. Reasonable steps should be taken in the course of the psychotherapy relationship to ensure the client is given the opportunity to review the terms and the process of psychotherapy.
- 3.2 Psychotherapists should be sensitive to clients' rights where capacity to give valid consent may be restricted or impaired, as in the case of children, people with learning disability, people experiencing mental illness, those in institutional care or in a place of detention. As far as possible psychotherapists must ensure that clients are attending psychotherapy of their own volition.

In the case of consent being required from other parties (guardians etc.) the granting or withholding of such consent should be recorded by the psychotherapist.

If a psychotherapist wishes to obtain or issue a report relevant to the client, consent from client and other parties (guardians etc.) should also be sought and recorded. (See also Section 6.)

- 3.3 The psychotherapist-client relationship is the foremost ethical concern, but it does not exist in social isolation. For this reason psychotherapists' responsibilities to the client, to themselves, to colleagues and to members of the wider community are implicit in the following sections. IAHIP may represent the social and political concerns of its members and the manner in which social issues may impact upon clients and wider culture.
- 3.4 Psychotherapists are responsible for working in ways which promote clients' control over their own lives and respect clients' ability to make decisions and change in the light of their own beliefs and values.
- 3.5 Psychotherapists are responsible for setting and monitoring boundaries of the psychotherapy relationship and making this explicit to the client. While their psychotherapy relationship exists, no other relationship is appropriate. Where contact with clients outside the therapy appointment is unavoidable, extreme care must be taken not to exploit the client in any way.
- 3.6 Psychotherapists must not exploit their clients either financially, sexually, emotionally or in any other way.
- 3.7 Clients should be offered privacy for psychotherapy sessions. Clients should not be observed or overheard by anyone other than their psychotherapists without having given informed consent. This also applies to audio/video taping of sessions.
- 3.8 Psychotherapists should take all reasonable steps to ensure that clients suffer neither physical nor psychological harm during psychotherapy.
- 3.9 After satisfactory closure of the psychotherapy contract, the psychotherapist would still enjoy a privileged position in any other relationship with a former client.

Psychotherapists should not enter into a significant relationship with a former client unless there is a lapse of a considerable period of time after the ending of the psychotherapy. It is further recommended that each party consult with independent advisors.

The integrity of the psychotherapist is central in maintaining and respecting professional standards in any relationship following the agreed closure of the psychotherapy contract.

#### 4. **Advertising Psychotherapy**

- 4.1 Any publicity material and all written and oral information should reflect accurately the nature of the service on offer, and the training, qualifications and relevant experience of the psychotherapist with regard to the client, or client group/s with whom the psychotherapist proposes to practise, having special regard to a psychotherapist's obligations under

clause 9 (Competence and Recognition of its Boundaries and Limits) of this Bye Law.”

- 4.2 When announcing psychotherapy services, psychotherapists should limit the information to: name, relevant qualifications, address, telephone number, hours available and a description of the services offered. They should refrain from making exaggerated or unverifiable claims for the effectiveness of their methods and from advertising services in a way likely to encourage unrealistic expectations. All such announcements should be accurate in every particular.
- 4.3 Pre-accredited associates, student associates and affiliates may not represent themselves as accredited members of IAHIP, nor use the letters IAHIP as part of their advertising material or stationery.
- 4.4 Psychotherapists should not display an affiliation with an organisation in a manner which falsely implies the sponsorship or verification of that organisation.

## 5. **Contracting**

- 5.1 Clear contracting enhances and shows respect for the client’s autonomy.
- 5.2 Psychotherapists are responsible for informing the prospective client of the approaches and methods offered.
- 5.3 Psychotherapists are responsible for communicating promptly the terms on which psychotherapy is being offered, including availability, their expectations of clients regarding fees, cancelled appointments and any other significant matters.
- 5.4 Where there appears to be a conflict of interest likely, psychotherapists are expected to make explicit to clients and/or an employing organisation, the nature of their position. An appropriate solution should be sought.
- 5.5 At the client’s request, information should be given about records kept, access to these records, their availability to other people and the degree of security with which they are kept.
- 5.6 Where necessary therapists are responsible for the secure transit, storage, retrieval and disposal of records both written and electronic.
- 5.7 Psychotherapists have a responsibility to establish with clients whether they are currently attending any other therapeutic, medical or helping professionals. Psychotherapists should gain the client’s permission before conferring with other professional workers. This may involve a decision on the part of the therapist whether or not to engage in work with the client.

## 6. **Confidentiality**

- 6.1 Psychotherapists are responsible for outlining clearly the limitations on confidentiality at the commencement of therapy and during the process of therapy as required.

6.2 As a general principle, confidential information given to a psychotherapist by a client is the property of the client and should not be divulged to others except in the following circumstances:

- When working in a multi-discipline team where information is shared.
- In supervision, consultation, or for teaching purposes where the client's identity is protected. Care must be taken to ensure that personally identifiable information is not transmitted through any overlapping networks of confidential relationship. For this reason, it is good practice to avoid identifying specific clients during psychotherapy supervision or consultative support and other consultations, unless there are sound reasons for doing so.
- In transfers and referrals, mutually agreed with the client, information may be shared, with the client's permission.
- When a report is requested by others e.g. doctors, probation officers, courts, etc. and the client has freely given the therapist a valid informed consent that the requested report be supplied. (See also clause 8 below.)
- When, in the event of a video or audio tape being made, a signed consent has been given by the client specifying the agreed audience, e.g. public, trainees, other professionals etc., and when the tape will be erased.
- Where clear evidence that serious harm to the client or others is likely, and there is a belief that this can be averted by such action. Prior consent should be obtained from clients unless there is good reason for believing they are no longer able to take responsibility for their own actions.
- When required to comply with any current legislation, or with national guidance aimed at the protection and welfare of children and vulnerable adults (see also clause 7 below) or of other clients.

6.3 It is the responsibility of the psychotherapist to ensure that where consent is sought to divulge confidential information given by a client, any such consent is valid and is freely given. Verbal or signed consent is valid when dialogue has occurred that helps clients understand the nature of the consent and their choices.

6.4 Special care is required when writing about specific psychotherapeutic situations for case studies, reports or publications. It is important that a clients' valid consent is obtained or that their identity is effectively disguised.

## **7. The protection of Children and Vulnerable Adults**

7.1 Psychotherapists are mandated persons under Schedule 2 of the Children First Act 2015. Mandated persons have a legal responsibility to make a report to the Child and Family Agency (Tusla) in relation to any knowledge, belief, or reasonable suspicion that a child has been, is being or is at risk of abuse. Tusla is responsible for assessing child protection

concerns. An Garda Síochána is responsible for the investigation, prevention and detection of crime.

- 7.2 Where a psychotherapist is unclear whether their concern for a child or a vulnerable adult reaches the legal threshold for a mandated report, the concern may be discussed with the duty social worker in the designated area and the outcome recorded. Legal advice may also be sought.
- 7.3 Psychotherapists have a responsibility to inform themselves of current statutory obligations and national guidance (and any changes therein), in particular legislation and guidance for the protection of children and vulnerable adults.

## **8. Legal and other responsibilities when breaking Confidentiality**

- 8.1 A decision to break the confidentiality agreed between a psychotherapist and the client should be made, whenever possible, only after consultation with a psychotherapy supervisor or an experienced psychotherapist. Therapists have an obligation to keep up to date on legal and social issues.
- 8.2 Agreements about confidentiality continue after the client's death, unless there are overriding legal or ethical reasons.
- 8.3 Where it is deemed desirable to break confidentiality, the minimum necessary information should be revealed, and to as few people as possible. The aim is to enable clients to resume taking responsibility for their actions.
- 8.4 Sometimes there is a legal duty to reveal client information. Such duty usually arises so as to comply with legislation or a court instruction.
- 8.5 Psychotherapists should seek legal advice and contact their insurance company if they are in any doubt about their legal rights and obligations, before acting in a manner which may conflict with the confidentiality due to any particular client.

## **9. Competence and Recognition of its Boundaries and Limits**

- 9.1 Psychotherapists should actively monitor the boundaries and limits of their own competence through therapy supervision and/or consultative support. They should provide only those services and use only those techniques for which they are qualified by training and experience or refer onwards as appropriate.
- 9.2 Working with children or adolescents requires particular knowledge, skills and competencies and a capacity to conceptualise, understand and respond to the familial and/or social context of the client.
  - Therefore, psychotherapists working with child or adolescent clients are expected to demonstrate an in-depth knowledge of child and adolescent development that informs and facilitates developmentally appropriate practice.



- The ability to form a therapeutic working relationship with children and their families is a key skill and needs to be complemented by the psychotherapist's ability in developing a comprehensive and collaborative understanding of the client's therapeutic needs.
  - Recognising that a child's stage of development impacts on their capacity to make use of verbal language, psychotherapists need also to be able to respond in a communication style that is appropriate to the particular client.
  - Practitioners intending to undertake work with children or adolescents must first undergo relevant training and engage in appropriate supervision.
- 9.3 Psychotherapists should not practise when their professional judgement is impaired by excessive stress caused by factors such as drugs, alcohol, illness. Where they become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity.
- 9.4 It is an indication of the competence of psychotherapists that they recognise their lack of training or experience to work with a particular client or client group (e.g. children) and make appropriate onward referrals.
- 9.5 Psychotherapists shall have regard for clients' moral and cultural values and shall not allow their services to clients to be affected by any bias regarding gender, sexual orientation, race, age, nationality, politics, social status or class. Where therapists believe their impartiality is compromised by such factors, they shall refer their client to another competent colleague.
- 9.6 Psychotherapists should have received adequate basic training before commencing to practise psychotherapy, including psychotherapy training that is assessed by the training provider as appropriate to targeted client groups (e.g. children and/or adults) with whom they propose to practise, and should maintain ongoing professional development including such further training as may be required, in relation to all areas of their practice.
- 9.7 Psychotherapists should ensure that the therapeutic environment and conditions provided are appropriate to the age, developmental stage and particular needs of each client. In particular, when working with child clients, this includes competence in the use of appropriate play and expressive arts materials so as to facilitate developmentally sensitive therapy and non-verbal communication as needed.
- 9.8 Psychotherapists should take all reasonable steps to ensure their own physical safety.
- 9.9 Members of IAHIP (and the other categories described in 1.1. above) should not conduct themselves in their psychotherapy activities in ways

which undermine public confidence in either their role as psychotherapist or in the work of other members.

- 9.10 Members of IAHIP are required to adhere to this Code of Ethics and Practice <sup>1</sup>and to all other IAHIP Codes of Ethics and Practice, where relevant. Where professional misconduct by a member is suspected, there is a responsibility to ensure that necessary steps are taken to resolve the matter. This may involve implementing the Complaints Procedure. For the other categories in 1.1 please see Bye-Law 4.

10. **Psychotherapy Supervision/Consultative Support**

- 10.1 Psychotherapy supervision/consultative support refers to a formal arrangement which enables psychotherapists to discuss their work regularly with one or more practitioners who are competent to provide this service. It is a confidential relationship.
- 10.2 It is unethical for psychotherapists to practise without regular supervision/consultative support.
- 10.3 The volume of supervision should be in proportion to the volume of psychotherapy work undertaken.
- 10.4 Whenever possible, discussion within the supervision/consultative support framework should take place without revealing the personal identity of the client.

11. **Research**

- 11.1 The use of personally identifiable material gained from clients or by observation of psychotherapy should be used only after the client has given consent, usually in writing, and care has been taken to ensure that consent was given freely.
- 11.2 Psychotherapists conducting research should use their data accurately and restrict their conclusions to those compatible with their methodology.

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<sup>1</sup> As approved at 2018 AGM