

Karuna Institute Code of Ethical Principles

1 Introduction

1.1. The Karuna Institute Code of Ethical Principles has the following intentions:

1.1.1 To help practitioners and trainee practitioners to hold the highest standards of integrity, impartiality and respect for others in their work;

1.1.2. To inform the general public of the principles under which practitioners provide services;

1.1.3. To create a framework of understanding within which clients and practitioners can safely work and grow. The term 'client' is deemed to include any individual who seeks the services of a Karuna Institute practitioner or trainee, whether as psychotherapy client, supervisee, trainee, or as psychotherapy group member; the term practitioner is deemed to include accredited psychotherapists, graduates and trainees of the Karuna Institute who are contracted with the Institute to engage in clinical practice.

1.1.4. To establish fundamental principles for professional behaviour and to ensure that, where appropriate, practitioners conform to the ethical principles of the Karuna Institute and external governing bodies such as the United Kingdom Council for Psychotherapy (UKCP);

1.1.5. To provide the philosophical basis for the associated Code of Practice, Complaints and Appeals Procedures.

1.1.6. To maintain a continuing contemplative and compassionate context within which practitioners may practise.

1.2. This Code of Ethical Principles cannot cover every potential ethical or practice-related concern. It should be read in conjunction with the associated Code(s) of Practice. Practitioners need to depend on their own reflective evaluation of specific principles and on consultations with colleagues and supervisors.

2. Fundamental Values – Respect for Relationship

2.1. Practitioners respect the dignity, worth and intrinsic health of all individuals. They are committed to co-enquire with clients into the mutual nature of suffering, and into the cultivation of well-being as it resides in every aspect of experience and life. They also seek to be mindful of the interconnected nature of relationship.

2.2. The practitioner's intention is to hold the spiritual and the psychological as co-emergent embodied qualities in a moment to moment enquiry into the nature of human suffering. This intention is based on an understanding that our self nature and the suffering it organises around arise within fields of relationship and the healing process is likewise relational in nature.

2.3. Practitioners/trainee practitioners respect the privacy of the individual and preserve the confidentiality of any information acquired through their professional practice. In general, and subject to the requirements of law, they take care to prevent the identity of

individuals or organisations being revealed deliberately or inadvertently without permission.

2.4. While respecting for themselves freedom of enquiry and communication, practitioners accept the responsibility this freedom implies with regard to competence and concern for the best interests of clients, research participants, colleagues and society. They recognise the boundaries of their own competence and do not practise outside the limits of their qualifications. It is an ethical requirement for all UKCP registered Core Process psychotherapists to raise any concerns they have about a colleague's unprofessional behaviour or capacity to work psychotherapeutically firstly, with the colleague directly, and if it is serious, to initiate the complaints procedure.

2.5. Practitioners do not practice, condone, facilitate or collude with any form of discrimination on the basis of race, colour, gender, sexual orientation, language, age, religion, national or social origin, marital status, political belief, spiritual practice and belief, mental or physical disability or any other preference or personal characteristic, condition or status. The Karuna Institute will actively address issues of discrimination arising within its training programme or organisational structure through its procedure for dealing with difficulties, disagreement and informal complaints and its formal complaints procedure. The Institute will also monitor and facilitate the availability of equal opportunities for all those concerned in its work.

2.6. Practitioners are aware that information shared with them is coloured by the client's own viewpoint. Practitioners need therefore to hold others outside the therapeutic relationship in due regard and respect.

2.7. Practitioners work with an awareness of the powerful dynamics that can be evoked within the psychotherapeutic relationship. They are aware that transference and counter-transference issues arise in relationship, and know the influence this has on their own and the client's psyche. Provision for ongoing supervision and feedback from colleagues and other professionals need to be part of the practitioner's professional life.

2.8. Practitioners underpin the equality of all persons through respectful establishment of initial agreements or contracts with clients, and through informing clients of the ways in which Core Process practitioners work with any difficulties that may arise in relationship.

2.9. Restorative justice principles underpin the Karuna Institute procedures for dealing with difficulties, disagreement and informal complaints and formal complaints. Such principles include the intention to repair relationships that become damaged or broken; the need for equality in the structures and processes involved in dealing with such difficulties or complaints; and the intention to allow personal feelings to be named as part of the healing of relationship. The principle that specific relationships are linked to others and held within fields of relationship means that practitioners seek to place personal relationships within a view that includes wider community, social and cultural contexts.

3. Professional Competence

3.1. Practitioners recognise the boundaries and limitations of their skills and their own personal expertise. They only provide services and use skills for which they are qualified by training and experience. They take whatever precautions are necessary to protect the welfare of their clients, and refer them on to other professionals whenever appropriate.

3.2. Practitioners are open in giving information on the subjects of their training, qualifications, experience and supervision arrangements. When it is necessary to expand on these matters in order to explain them, practitioners differentiate between perception, fact and personal opinion.

3.3. Practitioners recognise differences between people such as those associated with age, gender, sexual orientation and spirituality, and socio-economic, cultural or ethnic backgrounds. Whenever necessary they obtain training, experience or counsel to ensure competent and appropriate service.

3.4. Practitioners recognise that they work in a developing and highly active field in which valuable new ideas are constantly emerging. They make specific arrangements for continually monitoring their own knowledge and capabilities and have an ongoing commitment to continue to develop their personal competence. They undertake re-registration and re-accreditation requirements for continuing professional development.

3.5. Practitioners ensure that their qualifications conform to the requirements of the Karuna Institute and any other organisation of which they claim membership.

3.6. Practitioners recognise that personal problems, use of mind-altering drugs, dependency on alcohol or other drugs, temporary or enduring physical or mental incapacity, and other conditions may interfere with their professional effectiveness. In such circumstances they seek appropriate professional assistance, supervision, support or advice. If they are unfit to work effectively or ethically, it will be necessary to refrain from practice.

Code of Practice

1. Introduction

1.1. The Code of Practice is designed to clarify and expand upon the philosophy embodied in the Ethical Principles by applying it to specific practice issues. All practitioners commit to adhere to this code. Each practitioner needs to be consistent, operating from a coherent and considered position. Practitioners treat clients and colleagues in an ethical, respectful and responsible manner.

2. Professional Competence

2.1. In providing services, practitioners maintain the highest standards of their professions. They accept responsibility for the consequences of their acts, and make every effort to ensure that their services are used appropriately. Where a particular form of treatment is new or untested, psychotherapists are required to inform themselves of all major lines of argument and to weigh them carefully. For example, in the recovered memories debate, psychotherapists are required to ensure that there is a well-established basis for their approach.

2.2. When describing their services, practitioners limit information to a factual statement of the nature of the services they offer, practical details and their relevant qualifications. They do not make evaluative statements as to the quality of their service, nor do they make comparisons with other similar services. They do not misrepresent themselves in terms of their professional qualifications, experience and membership of any professional

association. The same restrictions apply to statements made on a personal or group website as apply to advertising generally. Any detail descriptions offered must not infringe these general limits.

2.3. Practitioners acknowledge that their own recommendations and personal actions can alter the lives of others. They are alert to personal and other pressures and influences that might lead them to misuse this professional influence.

2.4. Part of psychotherapists' responsibility to maintain their professional competence involves being aware of current research that impinges on their model of approach, and being sufficiently aware of research methods to evaluate validity and reliability of research done. This contributes to fulfilling CPD requirements in order to add new skills and knowledge as appropriate. Practitioners accept responsibility for the selection of their research topics and methods. In publishing their work they acknowledge the existence of alternative hypotheses and non-supporting data. They take credit only for work they have actually done.

2.5. The moral and ethical standards of practitioners as individuals are a personal matter except as these may compromise the fulfilment of their professional responsibilities or reduce the public trust in the Karuna Institute and Core Process Psychotherapy. Practitioners do not engage in or condone any practices that are inhumane or result in illegal or unjustifiable results or which may diminish the legal or civil rights of clients or others. They adhere to all relevant laws, regulations and guidelines affecting their work.

2.6. Psychotherapists are required to ensure that their professional work is adequately covered by indemnity insurance.

2.7. Public statements, published work, advertising and promotional activities of practitioners are guided by the primary obligation to aid the public in developing informed judgments, opinions and choices. Practitioners represent themselves and any associated organisations accurately. They give a clear statement of purpose and description of the service they provide.

2.8. Practitioners are in receipt of regular supervision appropriate to their experience, client load and field of work. Practitioners should keep their own wellbeing under review, and ensure that they replenish their personal, professional, physical and spiritual resources.

2.9. Practitioners should make arrangements for their clients to be contacted in case of their illness, accidents or death. The professional executor, in the event of the psychotherapist's sudden death, accident or other crises which stops them practising, has access to an up-to-date list of clients' names and contact details. The executor's role would be to inform the clients of the event and take responsibility for arranging provision for their psychotherapeutic work going forward. The name of the professional executor should be given in the person's Will and to a close relative or friend.

3. Confidentiality

3.1. Confidentiality is a means of providing the client with safety and privacy. Practitioners recognise that anything less than an absolute commitment to the principle of confidentiality may diminish the value of the working relationship. The practice of confidentiality extends to, for example, not discussing clients with colleagues in a trivialising way.

3.2. Information obtained under an agreement of confidentiality is revealed only with the consent of the person from whom that information was obtained, or with the consent of that person's legal representative. This includes information received during any situation where they are in communication with a client, unless the client specifically agrees that this information is generally communicable. Whenever confidentiality does not rest exclusively with the psychotherapist (for example, is shared with a supervisor, line manager or employer), this should be made known to the client.

3.3. Clients are made aware at the onset of the working relationship that there may be legal limits on the extent of confidentiality. Where there are exceptional circumstances, e.g. where a lawsuit may be threatened and the therapist required to give details to solicitors or professional insurers, there may be an exception.

3.4. Normal confidentiality may be lifted under exceptional circumstances when there is a clear risk of harm to the client's self or another which might be ameliorated or prevented by such an action. Whenever possible the client's permission should be sought. If this is not possible, the psychotherapist should consult with a senior or experienced colleague and should be prepared to justify the priority of the action over the value of confidentiality being maintained. The client should always be informed as soon as possible about any action that is taken. Possible occasions might be:

1. a client's expressed intention to commit suicide.
2. an admission of past criminal activity or the intention to commit a criminal act.
3. where the practitioner is informed of abuse of a child or a vulnerable adult.
4. where there is a clear risk to anybody's health and safety.

Any limitations imposed on confidentiality by the Karuna Institute are communicated to the client or the client's legal guardian where relevant before a professional relationship is started.

3.5. Practitioners only make contact with third parties, such as friends or relatives of the client, with the express knowledge of the client. Any unanticipated communication with third parties is reported to the client, together with the content of the communication, as soon as possible after it has taken place. If the practitioner is accountable for therapeutic work to agencies or supervisors, the client should be informed of the situation.

Writing and Publication

3.6. When client-related information is to be used in written or spoken form in a public forum (this includes trainee case studies, research and dissertations), the practitioner obtains written consent for its use and adequately disguises all identifying information.

Consent must be informed consent in that the client must know the purpose for which the material will be used. There is also an obligation to consider what effect seeking such permission would have on the ongoing or past work. Where there is doubt, the welfare of the client is paramount. The aim needs to include respect for the client's interests.

Particular care is taken so that answers to follow-up questions and other spontaneous remarks do not inadvertently reveal the identity of the client or go beyond what has been agreed by the client. Where the client specifically requests that material should not be used, this must be respected.

Notes and the Law

3.7. Confidentiality is maintained in the storage and disposal of records, according to the requirements of the Data Protection Act 1986 and any subsequent revisions. Clients should have access to their psychotherapist's records as required by current legislation. Assessments, letters to referees and summaries of treatment should be available to clients on request. A therapist's own notes for themselves and any supervision on them is not required to be accessible to clients. (see separate document: record-keeping). Notes should always distinguish clearly between direct quotations on the one hand and opinions on the other (for example, "the client had an abusive childhood" and "the client said that he had an abusive childhood"). Any files or notes must be produced if the psychotherapist is subpoenaed or s/he will run the risk of being in contempt of Court. Without a subpoena, when notes are asked for, the client's consent must first be sought. If this is obtained, the psychotherapist still considers whether revealing the notes will be in the client's best interest.

Research

3.8. Research is ultimately for the benefit of clients but as in all areas, the welfare of existing clients must be paramount. Every formal research programme must be adequately supervised. The supervisor needs to be skilled in research methods and have knowledge of psychotherapeutic practice. Ethical considerations regarding methods, risks to clients and possible outcomes need to be addressed, and informed written consent obtained from anyone involved or whose material is used.

3.9. Care must be taken to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships. For this reason, it is good practice to avoid identifying specific clients during supervision and other consultations, unless there are sound reasons for doing so.

3.10. In any exceptional situation where disclosure is regarded as necessary, the client should normally be informed.

3.10. Where the client is legally a child, procedures must be in accordance with the Children Act 1989 and any subsequent revisions.

4. Respect for client relationships

4.1. Practitioners protect the rights of clients. These include the right to exercise freedom of choice with regard to the direction, form, level of involvement and timeframe within the therapeutic relationship.

4.2. Practitioners respect the integrity and protect the wellbeing of the people and groups with whom they work. They recognise their own needs and their potentially powerful and influential position, and make every effort to avoid exploiting the trust and dependency of clients.

4.3. The relationship between the practitioner and the client is fundamental. Practitioners need to recognise their power and influence in the relationship. They should not use their professional skills in a way which manipulates their clients to the benefit of themselves, other people or organisations.

4.4. Practitioners must not exploit their clients in financial, sexual or emotional ways.

4.5. Practitioners fully inform clients as to the purpose and nature of their own approach and procedures. They also state clearly at the outset of the working relationship any terms, conditions and methods of practice, preferably in a written form. They maintain these throughout the course of the relationship or obtain clear agreement if any alterations need to be made. As clear an indication as possible should be made as to the probable duration of psychotherapy.

4.6. Practitioners create the conditions where the trust and dependency of clients, trainees and supervisees, can be held. When two individuals are in two or more overlapping relationships, i.e. dual relationships exist, the conditions for holding these can be lessened. In particular, the following dual relationships are not allowed by Core Process Psychotherapists:-

Therapist/trainer
Therapist/supervisor
Therapist/final examiner
Trainer/final examiner.

(For further exploration of this see the Karuna Institute policy statement on dual relationships and the HIPS Policy on Dual Relationships).

In any area of doubt, it is necessary to consult with a supervisor or senior colleague.

4.6.1. In general, every effort is made to avoid dual relationships that could impair professional judgment, increase the risk of exploitation or otherwise confuse the existing relationship. These include :-

Practitioners do not consent to offer input into a training group of which her/his client is a member except where there is a structure, such as small group supervision work, where no contact is expected, and even then dialogue and agreement is a pre-requisite. No trainee is a member of a training group which includes his/her partner or close relation. Practitioners avoid taking on a client or supervisee who is a friend, relative, employee, employer, close friend or intimates of other clients, supervisees or trainees. Practitioners do not employ a client's professional services or send a relative or friend to the client for services. Practitioners avoid seeing clients in any social circumstances outside the therapy room and where this contact happens accidentally, the impact of this needs considering in the session. If the safety or containment of the therapy is impaired and cannot be worked through satisfactorily, the psychotherapy may need to be terminated.

4.6.2. Sexual intimacies with clients or past clients are unethical. When a sexual relationship arises between professional colleagues they need to review their practices and see that no trainee or client is compromised by their new relationship.

4.6.3. Non-professional relationships with former clients are avoided whenever possible.

4.6.4. Potential conflicts of interest that might arise are made clear to all parties concerned.

4.6.5. Where there is any risk of exploitation or other harmful dual relationship either

during or after a working relationship, practitioners demonstrate their professional commitment to the welfare of their clients and themselves by consulting the Ethics Committee for information and colleagues for supportive reflection before taking action.

4.7. A working relationship is terminated by the practitioner when it appears reasonably clear to the practitioner that the client is not benefiting from it, or at the client's request, or by previous agreement. Practitioners have the right to end a psychotherapeutic relationship with appropriate notice, or even without, if circumstances, including the behaviour of the client, make the work together no longer viable. Care is taken to ensure that the client is well prepared for termination of the working relationship. If necessary and possible, the practitioner should safeguard the client's well-being until a referral to another professional has been completed.

4.8. Where the relationship with a client becomes compromised in any way, the practitioner has a clear responsibility to ensure that the client is appropriately referred to another professional.

4.9. Financial arrangements are made clear to clients before any professional relationship is commenced. Practitioners neither give nor receive remuneration or other reward for referring clients for professional services.

4.10. When ethical conflicts that appear irreconcilable arise between practitioners and any employing organisations, or in any client situation, the practitioner invokes the Ethical Review Procedure.

4.11. The practitioner's physical work environment is appropriate to the services offered and conducive to the safety and privacy of the clients and therapist. If the practitioner is working at their own home, a suitable work setting needs to be defined for this purpose.

4.12. Practitioners ensure that their professional work is adequately covered by appropriate indemnity insurance.

4.13. Practitioners clarify the nature, purpose and conditions of any research with participants, and obtains informed and verifiable consent before embarking on a research programme.

4.14. Contracts with clients are explicit as regards fees, payment schedule, holidays, and cancellation of sessions by the client or practitioner and session frequency. Fees should be set according to practitioners' professional competence, experience and qualification. The likely length of therapy, the methods to be utilised, transfers of clients and terminations are discussed openly and specifically with clients at the onset of the professional relationship.

4.15. At the beginning of psychotherapy practitioners ask for the name of the client's general practitioner and other professionals who are involved in the client's treatment.

4.16. It may be desirable that the client's general practitioner is informed that the client is receiving psychotherapy. For example, when the client is already receiving medical treatment for emotional or psychological conditions, practitioners should seek to inform any appropriate healthcare practitioner such as GP. However, this must be done with the consent of the client.

5. Respect for Professional Relationships

5.1. Practitioners are aware of the extent of their capabilities and understand and respect the areas of competence of related professions. They make full use of this knowledge to serve the best interests of the client. Where they become aware of any medical implication they encourage their client to inform their General Practitioner for advice and make a written note to that effect.

5.2. Practitioners are responsible for monitoring their own effectiveness and competence to practice. Competence may be impaired temporarily, or permanently, by temporary or permanent physical or mental incapacity, or due to other circumstances. Members are responsible for seeking professional supervision and support to help them monitor this, and as necessary, professional help and advice to deal with particular circumstances which may adversely affect their ability to work ethically and effectively with clients. At times it may be necessary for a practitioner to refrain from practice, temporarily or permanently, due to any of the above occurring.

5.3. When practitioners employ, train or supervise others, they accept the obligation to further the professional development of these people.

5.4. When practitioners know of a possible ethical violation by another Core Process practitioner, they may first informally attempt to resolve the issue by bringing the behaviour to the attention of the practitioner (see procedure for dealing with difficulties, disagreements and informal complaints). Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the possible violation is of a more serious nature, and if the practitioner causing concern is a Karuna practitioner, practitioners may invoke the formal Complaints Procedure.

5.5. Psychotherapists are required to state the name and address of the organization to which they are accountable and to produce, if asked, details of how to make a complaint. If Core Process Psychotherapists are practising in the UK complaints should go to Karuna Institute. If practising abroad, Core Process psychotherapists are responsible for affiliating themselves to a national accrediting organization who would address any complaints against them.

5.6. Practitioners inform the Directors of the Karuna Institute if:

5.6.1. any complaint is in progress or has been upheld against them in another professional organisation, or in connection with their professional work or in respect of any professional organisation with which they are directly involved, or

5.6.2 they are convicted of any criminal offence, in which case information will be held in confidence unless it has a direct bearing on a practitioner's professional viability, or

5.6.3. successful civil proceedings are brought against them in connection with their work as practitioners.

5.7. The Directors decide whether such findings make it appropriate to review the practitioner's standing as a Core Process practitioner.