



**IAPT**

**Irish Association  
for Play Therapy  
& Psychotherapy**

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Code of Ethics

# IAPTP: Irish Association for Play Therapy and Psychotherapy

## Code of Ethics

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**Note:** The Irish legal definition of a child is:

“A child is defined as any person up to the age of 18 years; adolescence defines that period of childhood extending from puberty to adulthood” (In accordance with Irish law and the UNCRC).

This is the definition we rely on in this document; hence we refer to “child” or “children” and do not include specific references to adolescents.

## **PREAMBLE**

The Irish Association for Play Therapy and Psychotherapy's Code of Ethics<sup>1</sup> provides a common set of values and standards upon which our student, pre-accredited and accredited members build their professional work. It is intended to provide guidance in relation to ethical issues and to promote optimal level of practice by such members who may be play therapists, psychotherapists with a specialisation in play therapy, and/or supervisors. Throughout this code the terms 'practitioner/s' and 'members' are used to cover the membership categories identified above.

This code has as its aim the welfare and protection of the individuals, families, and groups with whom our members work and the education of practitioners and the public regarding appropriate ethical standards.

The principles that underpin this code are detailed in Appendix 1.

## **1. INTRODUCTION**

**1.1** IAPTP is dedicated to providing a very high standard of protection to the public and promoting appropriate standards of personal and professional conduct by our members. This includes the provision of guidance to all members of IAPTP on ethical principles, competence and all issues relating to good and safe practice.

**1.2** In this document the terms 'practitioner/s' and 'members' are used to refer to anyone who has successfully attained, and maintains, student, pre-accredited or accredited membership of IAPTP. This includes play therapist, psychotherapist with a specialisation in play therapy, and supervisor members. It also includes those on our register of Approved Supervisors.

**1.3** In this document the term 'play therapy' denotes developmentally sensitive therapeutic practice aiming to prevent or resolve psychosocial difficulties and promote optimal growth and development. Such practice activates the therapeutic powers of play as mechanisms of change with children and vulnerable adults, and includes the use of creative and expressive arts-based approaches within the practice of psychotherapy with clients throughout the life-span.

**1.4** In this document the term 'client' generally refers to anyone who receives play therapy or psychotherapy services from a student, pre-accredited or accredited member of IAPTP. The term 'secondary client' generally refers to the carers (parents or foster-parents) or other adults who avail of therapeutic services with our members within the context of their relationship with a client.

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<sup>1</sup> IAPTP has been granted permission to incorporate elements of the British Association of Play Therapists (BAPT) code of ethics and complaints procedure. IAPTP acknowledges BAPT's authorship and copyright properties and wishes to express our appreciation for their assistance. We also acknowledge that we drew on aspects of the IAHIP and IACP Codes of Ethics.

**1.5** In this document the term ‘trainee’ refers to student members of IAPTP who are currently receive training from a member of IAPTP on an IAPTP recognised course.

**1.6** In this document the term ‘supervisee’ refers to members of IAPTP who receive supervision, generally but not exclusively, from an approved or accredited supervisor member of IAPTP. This includes both individual and group supervision.

**1.7** This Code of Ethics has been produced to guide members towards achieving the highest standards of practice; it also informs IAPTP’s complaints procedure.

**1.8** In joining the Association, members agree to comply with the provisions of the Code of Ethics as it applies to their professional activities and any behaviour that might impinge on these. Such activities may include clinical practice, supervision, training and other related professional activities.

**1.9** This code cannot resolve or address all practice-related issues. It aims to provide a framework for addressing such issues and encouraging optimal levels of practice. In addressing a dilemma, the practitioner will need to identify the relevant principles and clauses; consult applicable professional guidelines (e.g. those of statutory bodies) and legislation; and consult with relevant others (e.g. supervisor, employer). They may have to decide between conflicting responsibilities. A careful, systematic approach to decision making is required.

## **2. GOOD PRACTICE**

### **2.1 Registration and Representation**

Practitioners practice in the name that appears in the IAPTP membership list and accurately represent their education, training, experience and membership status in communications and advertising.

### **2.2 Professional Indemnity**

Practitioners offering services to the public, trainees and or supervisees must be appropriately insured and indemnified against claims of professional negligence.

### **2.3 Supervision**

Supervision is a formal and mutually agreed arrangement which provides a safe and trusting climate for practitioners to review their professional work regularly with someone who is accredited and/or registered to provide this service. It is an essential component of good practice; it supports the development of the supervisee and promotes the welfare of the client.

Practitioners must work in accordance with the criteria relating to supervision as stated in relevant IAPTP Bye Laws and policies. It is incumbent on practitioners to inform themselves of, and comply with, requirements regarding proportionate supervision and suitability of supervisors. All practitioners are required to receive on-going, appropriate, formal and regular supervision independently of their managerial relationships. Specific criteria for supervisors and specific clinical practice to supervision ratios are set by IAPTP in relation to student, pre-accredited, and

accredited members. Applications for accreditation and reaccreditation may be unsuccessful should these conditions not be met.

#### **2.4 Continuing Professional Development (CPD)**

In accordance with IAPTP's CPD requirements (described elsewhere), practitioners are required to maintain suitable levels of competence in their area of practice and related subjects. This includes regular attendance at relevant training and maintaining awareness of developments in the field.

#### **2.5 Personal Emotional Needs**

Practitioners must ensure that their own personal emotional needs are met outside their professional practice.

#### **2.6 Self-care**

Practitioners engage in self-care activities and refrain from practice when there is likelihood that their personal issues and circumstances will prevent them from performing at an appropriate level of competence. In such cases the practitioner has a duty to seek appropriate guidance and support.

#### **2.7 Garda Vetting**

Practitioners are required to have garda vetting indicating no convictions which could preclude working with children or vulnerable adults. Renewal every 3 years is recommended. Any convictions should be discussed with IAPTP so that a determination can be made in relation to significance and any action required.

#### **2.8 Professional Declaration**

Practitioners are required to notify IAPTP if they become the subject of an investigation by any professional body or if they become aware of any reason why they may be subject to such an investigation in the future.

### **3. PUBLIC EXPECTATIONS**

#### **3.1 Personal Conduct**

Practitioners adhere to the appropriate standards of personal and professional conduct and avoid any behaviour or activity that may bring the profession into disrepute or undermine public confidence in the profession.

#### **3.2 Avoidance of False or Deceptive Statements**

Practitioners endeavour to ensure accuracy in all relevant material and communications and do not make false or deceptive statements concerning:

1. Their qualifications, training or experience
2. Their credentials
3. Their professional affiliations
4. Their services
5. Their fees
6. Research findings
7. Evidence for, or results of, their services

### **3.3 Protecting the Public**

Practitioners must act to protect members of the public when there is a reason to believe that they are threatened by a colleague's conduct, performance or health.

## **4. CLIENT, SUPERVISEE AND TRAINEE EXPECTATIONS**

### **4.1. Best Interest**

Practitioners work in ways that promote the client's, supervisee's, and/or trainee's personal autonomy; act in the best interest of those with whom they work; and take all reasonable steps to ensure that the interests of the client, supervisee or trainee are not compromised within their practice.

### **4.2. Competence**

Practitioners accept a duty of care towards their clients, supervisees, and trainees. They recognise the boundaries of their competence and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by training and experience and refer onwards as appropriate.

Practitioners working with child clients, or with vulnerable adults or adults traumatised as children, are expected to demonstrate an in-depth knowledge of child development which 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 therapist's ability in developing a comprehensive and collaborative understanding of the client's therapeutic needs.

Inexperienced practitioners do not work with clients with complex needs; referrals are screened (e.g. by a supervisor) to ensure a good fit between the apparent needs of the client and the competency and experience of the therapist.

### **4.3 Contracting**

Practitioners provide accurate and honest information relating to their services and clarify the terms and details of the relevant service in advance of the client, supervisee or prospective trainee entering into any financial obligations or other costs or liabilities.

Practitioners provide clear information in regard to fees and any other costs and clarify expectations regarding payment arrangements prior to starting services.

### **4.4 Suitable Site for Practice**

Practitioners will provide or ensure that the space provided for their work meets the standards of hygiene and safety appropriate for their practice.

Practitioners will ensure that the therapeutic environment and conditions are appropriate to the clients' age, developmental stage and particular needs. This includes provision of appropriate play and expressive arts materials to facilitate developmentally sensitive therapy and non-verbal communication as appropriate.

### **4.5 Informed Consent**

Specific content of informed consent will depend on many circumstances, but requires that the person has:

1. The capacity to make a voluntary choice between alternatives, where these are available;
2. An understanding of the boundaries, rules, aims, costs, benefits and drawbacks of the service being offered;
3. Given their voluntary and continuing permission for their involvement;
4. Had the opportunity to ask questions and receive answers regarding the services.

For clients who are legally incapable of giving informed consent practitioners nevertheless seek:

1. To protect the client's dignity, welfare and rights;
2. To consider the client's preferences and best interests;
3. To provide an appropriate explanation of what the service entails;
4. To provide an opportunity to ask questions and receive answers regarding the services;
5. The clients assent.

When services are court ordered or otherwise enforced, practitioners inform the client, and, if appropriate, a person holding legal responsibility for the client, of the nature of the services and limits of confidentiality before proceeding.

Practitioners document written and oral consent, permission and assent.

When the therapist is a student, the client and, if appropriate, a person holding legal responsibility for the client is informed that the therapist is in training.

#### **4.6 Maintaining Confidentiality**

Practitioners maintain, uphold and take reasonable precautions to protect the confidentiality rights of clients, supervisees and trainees. Clients should be afforded privacy for sessions.

As a general principle, confidential information given to a practitioner remains the property of the person concerned and should only be shared with good reason:

- When working in a multi-disciplinary team
- In supervision, consultation, and teaching where the client's information is protected
- When making a referral or preparing a report
- When a video or audio recording is made
- When child protection or legal obligations demand it

These circumstances are explored further within this document.

#### **4.7 Providing Information of the Limits of Confidentiality**

Practitioners discuss with their clients, secondary clients (as appropriate), supervisees and trainees, the limitations on confidentiality and the foreseeable uses of the information generated.

Discussions of confidentiality occur prior to starting therapy, unless it is not feasible or possible and then occurs as soon as is possible.

#### **4.8 Reports**

If a practitioner wishes to obtain or issue a report relevant to a client appropriate consent should be sought and recorded. Consent may be sought from an appropriate party should the client be unable to give informed consent. See clause 4.5 for further information regarding consent and assent.

#### **4.9 Disclosures and Consent**

Practitioners only disclose information without the consent of the person concerned, and where appropriate, that of a person holding legal responsibility for a client, for a valid purpose such as:

1. To refer to needed professional services including child protection agencies;
2. In a crisis situation where the practitioner believes there is serious and immediate risk to a person;
3. To comply with legal requirements.

#### **4.10 Use of Confidential Information for Other Purposes**

Practitioners do not disclose in their writings, lectures or other public situations, confidential, sensitive personal information or identifiable information concerning their clients, client's family members, supervisees or trainees unless:

- Reasonable steps are taken to disguise the client, supervisee or trainee;
- The client, supervisee or trainee has given informed consent;
- When the client is unable to give informed consent, they have assented and a person(s) holding legal responsibility for the client has given informed consent;
- There is an ethical or legal requirement to do so.

#### **4.11 Extended Absence or other Interruptions**

Practitioners make reasonable efforts to plan for circumstances when interruption of service is inevitable.

Practitioners who become aware that they will be absent for an extended period of time should make arrangements to notify clients, supervisees, trainees and other relevant parties of this as soon as possible and facilitate a transition to appropriate alternative services if required.

Practitioners who are absent for an extended period of time should make arrangements to notify relevant people and for clients, supervisees and/or trainees to receive appropriate alternative services in a timely fashion.

#### **4.12 Dealing with concerns**

Practitioners make every effort to resolve concerns at an informal level and provide information about complaints processes on request. This may include provision of information, or directing the person to an appropriate source for information, about professional association processes and/or employer policies.

#### **4.13 Maintaining Safety**



Practitioners do not accept intimidation or abuse from those with whom they work. When faced with a person who is putting themselves or others at risk, the practitioner will consider ending the session, making an appropriate explanation to the person or persons involved and arranging future appointments if appropriate. Where difficulties persist, the practitioner may consider making a referral to an alternative service. Practitioners are recommended to consult on all such matters (e.g. with their supervisors, external consultants, staff team etc).

## **5.0 PROFESSIONAL EXPECTATIONS**

### **5.1 Conflicts between Code of Conduct and Law**

If ethical responsibilities conflict with the law, practitioners may attempt to resolve the conflict. However, if the conflict is unresolvable, the practitioner must adhere to the requirements of the law.

### **5.2 Conflicts between Code of Ethics and Organisations and Employers**

If the demands of an organisation, employer or authority conflicts with this Code of Ethics and impacts on service provision, the practitioner will attempt to resolve the conflict in a way that permits adherence to the Code of Ethics.

### **5.3 Informal Resolution**

Practitioners who believe that there has been an ethical violation by another member may firstly attempt to resolve the issue directly and informally with the member concerned, unless the violation is such that it needs immediate referral to the IAPTP, a training provider, a person holding legal responsibility for a client, or another person or agency.

### **5.4 Reporting Ethical Violations**

If the informal resolution is unsuccessful and/or the apparent ethical violation has harmed or is likely to harm a person, practitioners take further action appropriate to that situation. This action will include a formal complaint, made confidentially and without malice, to the IAPTP and may include referral to other associations and authorities. Such decisions are generally made with the support of the practitioners supervisor and often with consultative support.

### **5.5 Co-operating with Complaints Procedures**

Practitioners co-operate with complaints procedures and resulting actions of the IAPTP, including co-operating with any sanctions imposed by the association. Failure to co-operate is in itself a violation of this Code of Ethics.

### **5.6 Inappropriate Complaints**

Practitioners do not issue, report or encourage the issuing or reporting of complaints that are made with reckless disregard for, or a blatant ignorance of, facts that would disprove the allegation(s).

### **5.7 Working with other Professionals**

Practitioners work and co-operate with other professionals as appropriate in order to meet the client's needs and best interests. Practitioners may also engage and co-

operate with other professionals as appropriate to support the personal and professional development of supervisees and trainees.

### **5.8 Levels of Competence**

Practitioners provide professional services with client groups, supervisees and trainees, and in areas only within the limits of their competency level, based on their training, practice experience, accreditation, and supervisory experience. When working with children, or other vulnerable clients, the practitioner requires particular knowledge, skills and competencies and a capacity to conceptualise, understand and respond to the familial and/or social context of the client. Practitioners also respond to the communication style that is most appropriate to the client and recognise that children communicate differently than adults and that their stages of development impacts on their capacity to make use of verbal language to communicate.

Practitioners intending to provide new services or begin to work with client groups that are new to them undertake additional relevant training and supervision as appropriate.

### **5.9 Referring Onwards**

Practitioners will ensure that appropriate onward referral is made in circumstances where they are requested to provide professional services with client groups or in areas that are beyond the limits of their competence and training or where their personal circumstances might prevent them from performing their practice at an appropriate level of competence

### **5.10 Conflicts of Interest.**

Practitioners refrain from working or engaging with persons when personal, legal, financial or other interests may reduce their ability to perform at an appropriately competent level.

### **5.11 Multiple Relationships**

While dual relationships cannot always be avoided (for example, in small communities or training situations), practitioners try to avoid dual or multiple relationships with their clients. The professional role takes precedence over any other real or potential relationship. Practitioners actively seek to ensure that their therapeutic role is clearly delineated from any other roles or responsibilities within their employing institution, practice or service provision.

A supervisor will not hold the dual relationships of supervisor-supervisee and psychotherapist-client at the same time. Generally it is not advisable to undertake a supervisor role with a former client. If such happens, then it must be after a considerable period of time, discussion about the implications for each party and due consideration as to the maintenance of confidentiality about past relationships and the boundaries of the new relationship.

Trainers must ensure that any personal or social contacts between them and their trainees do not adversely influence the effectiveness of the training.

### **5.12 Equality and Diversity**

Practitioners ensure that they do not compromise their practice, and the best interests of their clients, supervisees, and trainees, by any form of bias or discrimination. This may include, for example, equality, diversity, moral or ideological matters.

### **5.13 Sexual Intimacies with Clients, Client's Relatives and significant others**

Practitioners do not engage in sexual contact or intimacies with current or former clients or secondary clients.

Practitioners do not terminate services to circumvent this standard.

### **5.14 Exploitation**

Practitioners do not harass or exploit persons over whom they have authority or control, such as clients, or those in close relationships to the client, supervisees, trainees, research participants and employees.

Practitioners do not engage in any form of harassment or demean persons with whom they work.

### **5.15 Recording Clients**

Practitioners do not photograph, videotape, film or record the image or the voice of clients for advertising or personal use.

Practitioners obtain informed consent from the person concerned, or assent plus consent from a person holding legal responsibility for a client who is unable to give informed consent, prior to recording the voice and/or image of clients. They do not put pressure or coerce those with whom they work to gain consent or assent for recordings. Prior to requesting informed consent and assent, information is provided that includes:

1. Rights of refusal
2. Reasons and use for intended recording
3. Planned storage of recording.
4. Ownership of recording.
5. Planned copies/transcriptions of recording
6. Planned destruction or storage of recordings, copies and transcriptions.
7. Rights to access the recording, copies and transcripts

All recordings, copies and /or transcriptions not destroyed are securely stored in the client's case notes.

### **5.16 Documentation and Maintenance of Client Records**

Practitioners create, maintain, store and dispose of records and data relating to their clients in order to:

1. Facilitate provision of services later by them or by other professionals;
2. Meet institutional requirements;
3. Ensure compliance with law (e.g. Data Protection and Freedom of Information Acts).

Practitioners maintain confidentiality in creating, storing, accessing and disposing of records under their control.

### **5.17 Client Testimonials**

Practitioners do not request or solicit testimonials from current clients or their family members who because of their circumstances are vulnerable to undue influence. If testimonials are spontaneously and freely given, permission to use these must be obtained before doing so.

## **6.0 EDUCATION, TRAINING AND SUPERVISION**

### **6.1 Content of Training**

Practitioners responsible for education and training take reasonable steps to ensure that the courses are designed to provide the appropriate knowledge and proper experiences to meet the requirements of validation and accredited membership of the IAPTP.

### **6.2 Description of Training**

Practitioners responsible for education and training take reasonable steps to ensure that there is a current and accurate description of the course content, training goals and objectives, and requirements that must be met for satisfactory completion of the course. This information should be made available to any interested party.

### **6.3 IAPTP Recognised Course Training Providers**

Training providers and trainers should take all reasonable steps to ensure the safety of trainees and clients during training. Training providers are required to have appropriate procedures in place to handle concerns and both formal and informal complaints by trainees. This is the first port of call for trainee's complaints. Should a complaint remain unresolved after being heard within the training organisation, and a breach of this code by a practitioner has been alleged, the complainant may address their complaint to the IAPTP. Where a complaint is deemed to be of a sufficiently serious nature, the complainant may address their complaint directly to the IAPTP who will determine if the need for the complaint to be heard within the training organisation should be bypassed.

### **6.4 Personal Therapy**

Teaching staff who are or are likely to be responsible for evaluating trainees' academic performance do not provide personal therapy to the trainee.

### **6.5 Feedback**

In academic and supervisory relationships, practitioners establish a clear and specific process for providing regular, appropriate feedback to trainees. Information regarding this process is provided to the trainee at the beginning of the training and supervision.

### **6.6 Supervising Trainees and Pre-Accredited members**

Supervisors working with trainees and/or pre-accredited members will ensure that the supervision contract includes assessment of the client work. The contract will detail

how this assessment component is managed and to whom the supervisor will report (e.g. the training school, professional body).

The supervisee should inform the supervisor of any specific requirements from the training body or accreditation body, including reports and assessments, well in advance. The supervisor will ensure that all such aspects are managed so as to ensure maximum learning for the supervisee.

### **6.7 Provision of Reports**

Supervisors co-operate and collaborate with supervisees in the provision of necessary paperwork (including reports) required or necessary by training organisations, for accreditation or re-accreditation purposes, or to address any other reasonable need of the supervisee. Reasonable fees may be charged for such reports.

### **6.8 Assessment Role of the Supervisor**

Where assessment or reports will be required as part of the supervision, the supervisor should discuss and clarify with the supervisee the assessment method and procedures involved. The supervisor must clarify all contractual obligations in relation to the supervisee and both must make their expectations explicit. Both are responsible for monitoring and reviewing the effectiveness of the supervision.

### **6.9 Supervision and a continuum of needs**

Supervisors will match supervision style and process to supervisee needs, ensuring that the continuum of needs of supervisees with varying degrees of experience are responded to in an integrated manner. When supervising inexperienced practitioners, or those engaging with a new client base, teaching elements come to the fore as the supervisee requires additional guidance. The supervisor enables all supervisees to develop and enhance professional skills and abilities through reflection and exploration of their work. The supervisee is responsible for their clinical work and for presenting and openly exploring that work in supervision.

### **6.10 Supervision and confidentiality**

Further to clause 4.5 in relation to confidentiality and clauses in relation to reports and assessment, supervisors may breach confidentiality should they deem it necessary to prevent serious emotional or physical harm to the client, the supervisee or a third party. In such circumstances the supervisor should consult appropriately (e.g. with their own supervisor or a legal expert) and the supervisee's consent should be sought unless there are good grounds for believing that the supervisee is no longer able to take responsibility for their actions or potential danger is perceived to be imminent.

Disclosure of information relating to supervisees is also relevant in assessments, references, reports and in any investigation pertaining to ethical complaints or practice-related concerns. All such disclosures take account of the supervisor's responsibilities to the supervisee, clients, training and professional bodies, and the wider community.

### **6.11 Group Supervision and Confidentiality**

As with individual supervision, supervisors are responsible for clear contracting regarding confidentiality when supervision takes place within a group, this includes both confidentiality of clients and members of the supervision group. Unless working in multi-disciplinary teams or other partnerships where agreement for sharing of

information has been reached, this includes ensuring that clients are not identified though any overlap of confidential relationships and that group members leave the group while a member is reviewing a client known, or potentially known, to them for any reason. This does not imply that the person stepping out temporarily would have the client identified to them, it is sufficient that the person presenting, the supervisor or the group member, may have a concern that the client may potentially be identifiable.

### **6.12 Quality of Practice**

Should a supervisor have a serious concern regarding the quality of a supervisee's work or the ethical approach of the supervisee, or both, they should ensure that all reasonable steps are taken to address the situation. This may include options such as consultation on the matter, restructuring the supervisory methods, encouraging the supervisee to seek psychotherapy, additional training or more frequent supervision.

### **6.13 Supervision and Ethical Decision Making**

Supervisors are encouraged to develop a model of ethical decision-making within their supervision practice which will help guide their work, and support the supervisee in developing their own inner supervisor and framework for ethical decision making.

### **6.14 Supervisors and Prospective Supervisees**

Supervisors will satisfy themselves (either by sight of documentation or a signed declaration by supervisee) that supervisees have the following measures in place:

1. Membership of an appropriate professional body;
2. Subscribing to and abiding by the Code of Ethics of that professional body;
3. They are subject to the complaints procedure of that professional body;
4. They are covered by appropriate malpractice and professional indemnity insurance and public liability cover.

### **6.15 Sexual Relationships with Trainees and Supervisees**

Practitioners do not engage in sexual relationships with trainees or supervisees. Nor do they exploit them in any way.

## **7.0 RESEARCH**

### **7.1 Ethical Approval**

Research must be approved of by an appropriate ethics committee, i.e. the committee from the institution or association in which the research will be conducted, prior to the research commencing. Members conduct research in accordance with the approved research protocols stipulated within the ethics committee application. No part of the research may be amended without prior approval from the ethics committee.

### **7.2 Informed Consent**

Members do not put pressure or coerce clients, or others, to participate in research.

When members undertake research that involves participants, they obtain informed consent of the participant, or if legally incapable, a person holding legal responsibility for the participant, using language that is reasonably understandable to that person.

The specific content of informed consent will depend on many circumstances, but ordinarily requires that the person has;

1. The capacity to make a voluntary choice;
2. The understanding of the research aims, objectives, methods, and procedures;
3. Given their voluntary and continuing permission for their involvement;
4. The opportunity to ask questions and receive answers regarding the research.

For participants who are legally incapable of giving informed consent, members nevertheless seek:

1. To protect the client's welfare, dignity and rights;
2. To consider the client's preferences and best interests;
3. To provide, in an appropriate and accessible form, information relating to research aims, objectives, methods and procedures;
4. To provide an opportunity to ask questions and receive answers regarding the research;
5. The client's assent.

### **7.3 Refusal to participate In Research**

When members conduct research with former or current clients, supervisees, or trainees, they take steps to protect the prospective participants from adverse consequences of declining or withdrawing from the research. Members ensure that withdrawal or refusal to participate in research does not affect the professional services offered.

### **7.4. Reporting Research Results**

Members do not fabricate data; results must be accurately reported. If a member discovers significant errors in their published data, they will take reasonable steps to correct such errors.

## **Appendix 1**

### **ETHICAL PRINCIPLES**

The following ethical principles are intended to guide and support practitioners towards achieving and maintaining the ideals of their profession. All practitioners are obliged to consider their practice with direct reference to each of these ethical principles which underpin IAPTP's Code of Ethics.

#### **PRINCIPLE A: RESPONSIBILITY**

This principle requires practitioners to assume responsibility for their professional behaviour and actions and exercise responsibility to maintain standards. Practitioners are concerned with the ethical compliance of their own practice and their colleagues' professional conduct. When conflicts occur, practitioners attempt to resolve these conflicts in a responsible manner and are aware of their professional responsibilities towards their clients, society and the communities in which they work. Practitioners have a responsibility to challenge incompetence or malpractice of others and contribute in investigations or adjudications involving professional practice and/or actions of others.

#### **PRINCIPLE B: BENEFICENCE**

This principle requires practitioners to work within their limits of competence, training and their experience. When working with children, vulnerable and/or adults traumatised in childhood, an in-depth knowledge of child development is required.

The practitioner is required to use regular and ongoing supervision to enhance the quality and service provision and commit to enhancing practice by continuing professional development (CPD).

The practitioner has an obligation to act in the client's best interest.

#### **PRINCIPLE C: NON-MALEFICENCE**

The practitioner commits to guard against personal, financial, social, organizational, emotional, sexual or related factors which may lead to a misuse of their influence or exploitation of those with whom they work. This may involve not providing services when unfit to do so due to personal impairment, including personal circumstances or intoxication. Practitioners have a responsibility to challenge incompetence or malpractice of others and contribute to investigations or adjudications involving professional practice and/or actions of others.

#### **PRINCIPLE D: FIDELITY**

This principle requires practitioners to uphold confidentiality and restrict disclosures of confidential information to a standard appropriate within the workplace and legal requirements. Practitioners establish relationships of trust with those with whom they work and must act in accordance with the trust placed in them.



**PRINCIPLE E: JUSTICE**

This principle requires practitioners to ensure that all persons have fair and equal access to services and to equal quality in the services being offered by practitioners. Practitioners exercise judgment and care to ensure that their potential biases, levels of competence and limitations of their training and experience do not directly or indirectly lead to unjust practices.

**PRINCIPLE F: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY.**

This principle requires practitioners to respect the dignity and worth of all people and their rights to privacy, confidentiality, and autonomy. Practitioners who respect the autonomy of those with whom they work ensure accuracy of advertising and delineation of service information. Practitioners seek appropriate consent and assent to services, engage in clear and explicit contracts, including confidentiality requirements and inform those involved of any foreseeable conflicts of interest. Practitioners are aware that special safeguards, to ensure safety, protection and care, may be necessary to protect the rights and welfare of clients who are non-autonomous and dependent on significant others. Knowledge of legal and statutory requirements supports safe practice.

**PRINCIPLE G: RESPECT FOR PEOPLE'S NEEDS AND RELATIONSHIPS.**

This principle requires practitioners to respect the needs of individuals, including emotional, psychological, social, financial, educational, health and family needs. Practitioners will respect people's needs and relationships and will be aware that the child and other vulnerable client may be dependent upon significant others and that autonomous decision making may not be possible. Practitioners respect the client's relationships and ensure that, where possible, those in significant relationships to dependent clients are included in both decision-making processes and therapeutic interventions as appropriate.

**PRINCIPLE H: SELF RESPECT**

All of these ethical principles will apply to practitioners. This involves a regard for the practitioners own self knowledge, needs and development. This includes accessing opportunities for personal and professional development. There is also a responsibility to use supervision for self development, to seek training for continuing professional development, and to ensure they hold appropriate insurance cover.