

The Ethics of Psychotherapy in Europe

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Abstract:

This article is in two parts. Part One is about the European Association for Psychotherapy (EAP)'s process of development of a common basis for the ethics of psychotherapy throughout Europe. Part Two is about the actual procedures involved in finding a level of compliance between very different ethical practices in different countries and between different modalities, with similar comparisons with these parallel professions.

The second part of this article is also, in part, a response to Tim Bond's article; "European Developments: One Size Fits All? The quest for a European ethic for counselling and psychotherapy." in the European Journal of Psychotherapy, Counselling & Health. (Vol 2, No 3, Dec 1999).

In a slight refutation of Bond's article, the author differentiates between the different disciplines of psychotherapy and those of psychology and counselling in Europe, and explains why different set of ethics are needed. This refutation also implicitly supports the distinction between psychotherapy as a profession separate from but parallel to psychology and psychiatry which is the basis of the EAP's Strasbourg Declaration on Psychotherapy.

The Author:

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Part One

Preamble:

The European Association for Psychotherapy (EAP) has been in existence and functioning reasonably effectively for about 12 years. There was an initial very rough outline of Ethical Guidelines developed in 1995 consisting of 2 sides of A4 and 12 basic ethical points: it has hardly been referred to since then. Most of the work in the early years was in the development of an agreed set of criteria for common training and accreditation standards throughout Europe which have now become the basis for the award of the European Certificate of Psychotherapy (ECP). This was essentially to reflect the basic premise of the European Union as a free labour market, as well as to establish this new and independent profession of psychotherapy, by defining what we mean (at least) by a trained psychotherapist. Once this difficult process was largely completed and the various countries [represented by a National Umbrella Organisation (NUO) or, when confirmed, by a National Awarding Organisation (NAO)] began to "grandparent" already trained and practising psychotherapists for the award of the ECP, attention need to be spent on the formulation of the Register and the role of the Registrar. There are now (in 2004) over 4,000 such Registered psychotherapists.

The other significant issues and tasks that have developed or become apparent were a revision of the Statutes; the development of criteria and ways in which to assess whether a particular modality or method within psychotherapy was "scientifically valid" or not; a necessary discussion about "mainstreams" &

“modalities”; a ‘common ground statement’ of ethical principles; what sort of research is wanted; the difference between psychotherapy and counselling; and the development of a process for accrediting training organisations. One of these ‘next set’ of internal tasks was also to develop effective statutes, procedures, finances, protocols and all of the other paraphernalia involved in running a pan-European organisation in a language that only a relatively few people were familiar and comfortable with, and with many different customs, standards and ways of communicating and doing business. Thus it is relatively amazing how much has actually been accomplished in the last ten years, considering we only meet three times a year. We have also needed to consider the tricky and sticky question of professional ethics.

Perhaps it is also worth mentioning, that parallel to all this, as the EAP begins to establish itself, there has been both a welcome and a rejection from the other established professions in the field. The parallel professions of psychiatry and psychotherapy, as they are differently represented throughout Europe, have reacted quite strongly to the EAP. The most significant reactions, I believe, came from the European Federation of Professional Psychologists Association which tried to ban or exclude members who supported the position of the EAP and the Strasbourg Declaration on Psychotherapy as an independent profession, and the more recent psychotherapy law in Germany, latent on the statute books for many years, which was suddenly reconstituted to define psychotherapy officially as an activity that can only really be done by psychologists and psychiatrists. Whether these opinions, or this law, will ever be able to stand the test of time and the European courts, is another issue.

Stages of Ethical Thinking:

As a European Association, the EAP is made up of voluntary members from many different countries and without the backing of an overall political power structure (like an Empire or a European constitution), and thus we seem to fall mostly into Stage Four of Kohlberg’s Stages of Moral Reasoning. This can be summarised as: *“Moral decisions based on rules, laws, and codes. A person at this stage is beginning to function according to principles, especially principles that are explicit and codified. At this level, however, the interest is with the letter of the law, not the intent.”* (Ref: 1)

As we, in the EAP Ethical Guidelines Committee have been considering these points, we seem to be in a somewhat hierarchically superior position to the Ethical Codes of many of the member organisations, so we also might begin to move towards into Kohlberg’s Stage Five: *“Moral decisions based on a felt social contract. Moral thinking is complex and comprehensive. Diverse points of view are considered. The principles with which one is concerned are still often written, but the concern is with the intent, not the purpose.”* This allows us to set a high note of intent, rather than to try to ensure that all European psychotherapists practice ethical psychotherapy.

Different Types of Organisations - a Matrix :

Within the EAP, any enforcement of any existing ethical codes is currently (and hopefully forever) left totally up to the constituent member organisations, which fall mainly into two groups. These are: (i) the National Umbrella Organisations (NUOs) or National Awarding Organisations (NAOs) the latter of which keep the Register of Psychotherapists in their particular country; and (ii) each psychotherapeutic modality has a European Wide Organisation (EWO) or, when approved, a European Wide Accrediting Organisation (EWAO) and these act as a sort of ‘family group’ and also as a ‘quality’ cross-check for the psychotherapeutic practitioners in that modality.

All individual practicing psychotherapists are expected to be members both of their national umbrella psychotherapy organisations (NUO or NAO) (which will award them the European Certificate of Psychotherapy (ECP) and put their name forward to the European Register) and also of a professional association according to their particular psychotherapeutic orientation and practice (EWO/EWAO) the

approval of which is necessary for them to get the ECP.

This means that a psychotherapy practitioner is thus already subject to at least (a minimum of) two professional codes of ethics; a national one, and one according to their European-wide modality. In reality, they may be subject more than this as many of the NAOs are ‘umbrella’ organisations in themselves, consisting of a number of different organisations within that country; thus the practitioner has to be a member of a subsidiary organisation within the country, as well as their national organisation. They may also be practicing within a clinic or institution, which has its own code of ethics as well. The requirement on these NAOs is that they have: “*Ethical Guidelines which are binding on any practitioners which it may recommend for the award of the Certificate*” (ECP: Ref. 2) and implicitly therefore a complaints procedure and thus the implication is that any particular proven infringements of that Ethical Guidelines (or Code) would lead to some form of corrective sanction by them on the practitioners on their Register.

The second main grouping is the European Wide Organisations (EWOs) or European Wide Accrediting Organisations (EWAOs), usually representing a mainstream of psychotherapy or a modality within one of those mainstreams which is practiced in at least six different European countries. Here we are increasingly using the words “mainstream” - to mean their philosophical orientation - and “modality” for their actual method or type of psychotherapeutic practice. Not all modalities and mainstreams are fully represented yet, but, in the EAP, we have high hopes of eventual inclusiveness.

In the definition of these organisations, any specific mention of ethical guidelines has been deliberately left out. This is not because they do not have Ethical Guidelines and Codes. They do, and these are often much more specific than the National Organisations’ ones as they often deal with the specialities of that particular modality. For example, a modality - like Body-Psychotherapy - might consider and specifically mention the ethics of (say) touch, whereas the national organisations would probably shy away from mentioning it as that could be much too specific or much too contentious or irrelevant for many of their psychotherapists.

The reason that an ethical requirement has not been mentioned in the ECP document is that there were realistic fears that we might be creating a “double jeopardy” situation whereby one practitioner could be “tried” twice for the same ethical offence - once by the NUO/NAO and once by the EWO/EWAO. This omission does not dispense with the possibility, but it does not confirm it as a probability. We also hope, very sincerely, that if any practitioner is disciplined in any way by one of his/her membership organisations, the information will be transmitted up the hierarchical chain to the EAP and a watching brief will therefore be held on that practitioner until the ethical situation is resolved. This may in due course become a specific requirement, and could even extend across Europe as practitioners in other fields have been known to attempt to evade ethical or professional repercussions by moving to another EU country, or joining another organisation.

To reiterate this point, the EAP does not, and will not, hear any ethical cases or complaints against any individual European psychotherapist. The hearing of such cases is left entirely up to the NAO and/or the EWAO. These organisations need to inform any significant outcomes appropriately to the EAP Registrar.

Defining An Ethical Professional Relationship:

The first and perhaps most significant aspect of ethics within a profession is to define what is meant by an ethical relationship between a professional psychotherapy practitioner and their client or patient (a member of the public). This person is usually quite vulnerable (by nature of the work of the profession)

and, since there is an implicitly hierarchical power structure here, (doctor/patient; professional/lay person; informed/uninformed) the patient is theoretically needing protection from harm and exploitation. However professional ethics within the practice of psychotherapy should and must also be extended to cover all other possible relationships and other hierarchical ones (clinical director/assistant; peer professional relationships, training & supervision relationships, etc. and professional relationships in other related activities like education, research, advertising, etc.) We cannot and should not just focus on the psychotherapist/patient relationship.

If we also consider Beauchamp & Childress's types of moral systems (Ref: 3) as to the basis of any ethical thinking in this field, then we find that our situation falls mostly into the "Relationship Based Ethics" category, with morality driving from a position of caring, with an investment and commitment to others. Interestingly enough, the APA Code was probably formed more both from the fundamentals of a "Casuistry or Case-Based Morality", where the decisions about what is good practice are based on specific responses to certain situations, without any overall principles, and also from a "Principle-Based Morality", where a consensus of decisions made over time become abstracted into general principles, which then take on the prima facie authority. These intellectual diversions can help to inform our thinking when, essentially, we have a "tabula rasa" on which to write.

It is also significant to mention here that most European psychotherapists within the EAP practice as individuals. Many of them are self-employed; however some are employed by an organisation (clinic, hospital, or university) with in-built supervisory systems; some work within a health insurance system with significant governmental regulations involved; others are excluded by such systems and practice alone with the client carrying the full cost and the psychotherapist making their own private supervisory arrangements. Nothing therefore can be assumed. Some work within non-governmental voluntary organisations or do pro-bono work with people in need. Some psychotherapists train and supervise others. Others do field trips into areas of extreme need (like Bosnia). Some psychotherapists have had adequate training and supervision themselves: and others were doing it before there were any training schools. Some, it must be confessed, have inadequate training. Furthermore standards vary considerably between different countries(and between different types of psychotherapy (mainstreams and modalities).

There are additionally other professionals - psychologists and psychiatrists predominantly - who practice psychotherapy, without necessarily calling themselves, or considering themselves as psychotherapists, or (it must be stated) being specifically trained as a psychotherapist. In some countries, the practice of psychotherapy is even being effectively or legislatively restricted to those two other professions and kept away from all other practitioners. These two more established professions (one within academia and one within medicine) have very different standards and principles, from each other and also from the emerging profession of psychotherapy.

There are also significant differences and splits within psychotherapy itself. Some branches of what is usually considered as being within psychotherapy (like psychoanalysis) do not seem to wish to associate themselves in any way with all the other branches of psychotherapy and have their own very different standards, ethical and theoretical principles - especially about aspects of practice like transference, touch, and the client's availability to practitioner's records, etc.

The EAP, in considering this range of different professional activities needed to consider the widest possible scope for a set of ethical principles or guidelines to cover the profession of psychotherapy and all the varying aspects of psychotherapy practice. In doing this, we needed to set a tone of what we consider good psychotherapy practice to be, under any circumstances or conditions. A difficult task!

Then there is a whole area of therapeutic work that many people engage in, and which many people

receive, which may be ‘psychotherapeutic’ but is not necessarily professional and does not fully constitute by any means what we generally know as psychotherapy. This area lies more within the field of complementary health practice; various other therapies; and support, advice, care, and counselling activities. These mostly do **not** form part of the profession of psychotherapy, but there are some overlaps and we should not ignore them: indeed we do so at our peril, because out of these areas, new psychotherapies are often formed. Change happens at the fringes, and rarely in the centre. So, where should we start when we start to consider the ethics of psychotherapy in Europe?

“Best Practice” :

Prior to being elected as Co-Chairperson of the EAP Ethical Committee (Ref: 4), I had already begun to promote a set of ethical statements or principles for European psychotherapy that I had adapted from the former ethical code of the American Psychological Association (APA). (Ref: 5) After all, why reinvent the wheel?

In America, one generally has to be educated as a psychologist (M.A.; Ph.D.) or as a psychiatrist (M.D.) in order to practice psychotherapy professionally - and the professional practice of psychology (and by implication psychotherapy) is almost completely dominated by the APA; by the different state licensing boards, which require different standards of training and education in each state; and by the health insurance companies, which usually require APA membership and state licensing, and then impose their own restrictions. The APA is a huge and well-established accrediting, but not registering, organisation, which has been in existence for many decades, with a high code of ethics and practice, and their well-developed ethical principles reflect all of this. Actual registration is left in the hands of the various State Boards of Psychology, which vary considerably.

The main rationale for the choice of the APA’s Ethical Principles for the EAP’s Statement of Ethical Principles was however that they were based on a set of principles that had been subjected to *“an empirical, critical incident, content analysis approach to an accumulation of thirty years ethical experience”*. Now this one phrase conveys an wealth of experience, depth, power and solidity that exists within and behind these ethical principles. It is not really a matter of not reinventing the wheel, but of using a well tried and tested version of that wheel.

If we put aside any possible anti-American bias against the source of these principles and if we forget the considerable points of difference between the American approach (much more academic & psychological) and the European approach (more experiential) to psychotherapy training and practice, and let us also discount, for a moment, the fundamental and insidious influences of “managed care” in psychology and psychotherapy in America - as contrasted with state-run European public health provisions - and if we just focus on what that phrase, *“an empirical, critical incident, content analysis approach to an accumulation of thirty years’ ethical experience”*, actually means; then we can see some of the rationale for such a choice.

These APA Ethical Principles were formulated from a very wide (150,000 +) practising population, throughout a thirty- or nearly forty-year period, based on actual recorded ethical complaints and cases, which were all then analysed according to their content and this analysis was fed back into the 10 year review of these ethical principles. They are not idealistic. They are not irrelevant. They are based on actual infringements. They are extremely pragmatic. They are very inclusive. The implication of this last point is that it means that if something isn’t stated in the principles, then it is probably because there hasn’t or hadn’t been an actual ethical situation that needed a separate principle being made about it - yet.

If that were not enough to recommend them, I would like to appreciate, for a little bit, the actual language

that they were written in. The various ethical principles, as they are stated (see Appendix), are not prescriptive in that they do **not** state what you can and cannot do, but they are amazingly definitive, and also quite inspirational. They definitely fall within Kohlberg's Stage Five (see previous). They state - in their amended form - what a European Psychotherapists should actually do; what they should aspire to; what is the upper bench mark, what the goal of psychotherapy is; and what the highest level of practice is that we can expect. Here is a sample of the language:

Psychotherapists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behaviour and of people's understanding of themselves and others and the utilisation of such knowledge for the promotion of human welfare. While pursuing these objectives they make every effort to protect the welfare of those who seek their services, of people related to those using their services (where that does not conflict with the needs of their clients) and of any research participants that may be the object of study.

The accumulative impact (for me) of the 4,875 words and almost 110 paragraphs covering nine A4 pages is to create something akin to a poetry, a saga or song - a paean - not only to the ethical practice of psychotherapy, but also to help describe and define it as well. In stating these principles we state implicitly, and perhaps more clearly than any ordinary definitive description, what we mean by the professional practice of "ethical psychotherapy". It is unquestionably definitive. And we have also now got specific written permission to use this adapted version of the APA Code. (Ref: 6)

And in so doing and defining the ethical practice of European psychotherapy in this way, we have another, slightly more covert, purpose in that we hope to assist all the different member organisations of EAP - both NUOs & NAOs and EWOs & EWAOs - as well as the various other training, accrediting and practitioner organisations - in the formulation of a common concept of ethical behaviour and the setting of pan-European ethical standards for psychotherapy. Essentially we hope that this statement will act as a model, both to set present ethical codes against, in order to assess their inclusivity, as well as giving a direction for future amendments and additions to such codes. In addition to all of this we are informing the public what proper psychotherapeutic practice can look like and can feel like; and finally declaring clearly and resoundingly to the other surrounding professions that this is what 'proper' ethical psychotherapists do, and, by implication if *they* are doing this, then maybe they are practising ethical psychotherapy, as well as what they thought they were doing ('psychology', 'psychiatry' or 'counselling'). It creates a new definition of psychotherapy.

More pragmatically and over time, as mentioned, we are setting a basic pan-European standard of ethical practice and hoping that all the different and relatively autonomous European member organisations (both national and modality-based) will adjust their current ethical codes and procedures to make them come more into line with these EAP Ethical Principles. This is because we have an additional constitutional requirement: in the Statutes of the European Association for Psychotherapy (EAP), it is required that, in order for an ordinary organisational member of EAP to become a National Umbrella Organisation (NUO) or National Awarding Organisation (NAO) or a European Wide Organisation (EWO) or a European Wide Accrediting Organisation (EWAO), it must fulfill the following condition:

§4.1.2 (A NUO/NAO has) a written code of ethics compatible with the ethical guidelines of the EAP: and

§4.1.3 (An EWO/EWAO has) ... a written code of ethics compatible with the ethical guidelines of the EAP.

These are not the only conditions that exist, but they are very significant ones, and to be responsible, the EAP will now have to develop a method of discovery about the level of "compatibility" of each of these member organisations' ethical codes. More on this later.

Ethical Codes versus Ethical Principles:

So now we must tackle a significant and fundamentally important point. There is a substantial difference between an enforceable or mandatory “Ethical Code” and a declaratory or definitive “Statement of Ethical Principles” or “Ethical Guidelines”. This again takes us back, primarily to the difference between Kohlberg’s Stage Four and Stage Five, mentioned earlier.

Whilst the APA wrote their original document as an Ethical Code, which American psychologist members are obliged to adhere to, within the EAP there is absolutely no intention of, nor indeed any practical possibility of, enforcing any sort of “Ethical Code” on the whole of the practice of psychotherapy in Europe; especially given the current cultural, political, legal, and language diversities within Europe and the EAP; and also given the EAP’s relative lack of organisational structures and financial resources as well. So this means that the Statement of Ethical Principles is a statement of intent, a set of guidelines, rather than an enforceable code. And this point has been also quite fundamental to the ease of their acceptance amongst the sixty or so organisations currently within the EAP. (Ref: 7)

A “Statement of Ethical Principles” - different from a “Code” - acts as a standard: a level to which we can all aspire. It states the best possible practice that should be expected from an ethical psychotherapist. An “Ethical Code” on the other hand is more like a law or regulation: it is enforced and must be enforceable and therefore there must be people and resources assigned to be able to assess whether and when it has been broken, and to find ways in which to enforce it. And that presupposes a level of ‘contract’ - or relationship between the authority and the individual; a degree of ‘jurisdiction’ - an area of power; and an ‘authority’ - or recognition of that power. Interestingly enough, we in the EAP, are using a document as a Statement of Ethical Principles which, in its earlier almost identical version within the APA, was also used as a Code. The words haven’t changed, it is the application of them that is the substantive difference. It is clear that in the EAP, we do not have a formal Complaints Procedure and investigative process with powers to discipline members attached to this Statement. More on this later, as well.

With respect to a psychotherapist practising as an individual, the only organisation that has the necessary contact, jurisdiction and authority is the national umbrella organisation (NUO/NAO). The modality-based professional association (EWAO) for that practitioner has some degrees of the above, but in practice the difficulties of hearing ethical complaints from different countries with different languages and customs makes this practical enforcement quite dubious.

Whilst exclusion or expulsion is the final sanction, there are a number of alternatives that can be either imposed or induced. Normally, if you join an organisation as a member, you, de facto, agree to abide by the rules of that organisation: in the same way that if you join (say) a cricket or football club, you implicitly agree to play cricket or football by the currently accepted rules of the game. If you don’t, then you cannot stay on as a member of that club. The difference between psychotherapy, and cricket or football, is that sometimes membership of the relevant psychotherapy organisation gives the individual something of a licence to practice as a professional. The game is also played behind closed doors. In our EWAO, we consider a range of options for people who have been deemed to have transgressed ethically. There is a necessary acknowledgement of the transgression, followed by attempts to redeem the situation and reconcile it, followed by re-education, additional training and awareness and closer supervision, with the possible option of suspension of practice until these steps have been satisfactorily completed. On occasion, we have also asked people to resign as it is clear that their ethics diverge considerably and fundamentally from ours. Expulsion is the final sanction, utilized only very reluctantly. Personally, I take it as a statement of failure by the organisation itself, rather than of the individual.

So Why Join A Register? :

It must be emphasised here that there is a fundamental difference between accreditation and registration. Registration implies either a voluntary registration, in order to get onto a list or register, or compulsory or statutory registration, in order to be able to practice legally as a psychotherapist. Individual practising psychotherapists join their national umbrella organisations (NUO/NAO) because these organisations usually hold the professional register for psychotherapy in that country. This is usually a voluntary register, though several countries are working to make it statutory. These people may want to join just to get acknowledged on the national register: a form of recognition or advertising, or they may ‘have’ to join in order to become eligible for health insurance payments. In some countries they may be ‘required’ to join in order to be able to call themselves a “psychotherapist”, or even to work as a psychotherapist doing psychotherapy – practice psychotherapy.

There is usually a process of accreditation involved in joining, whereby that individual has an assessment made of the sufficiency and extent of their education, their training and their practice under supervision. Sometimes the accreditation is once-and-for-all; sometimes the psychotherapist needs to be re-accredited every 5 years or so. There is always a membership fee, sometimes quite a large one, to be paid. There is always some sort of an ethical code and a complaints procedure. Membership usually gives an individual the right to vote and to hold office within the organisation, as well as receive professional information, discounts to conferences, etc. In some countries, (in psychology) major health employers will only consider applications from people on the register, or entry to training courses is sometimes restricted to people at various stages on such a register. There are many different ways in which a Register can be used: to acknowledge, or to control.

Sometimes the National Umbrella Organisation (NUO) is an umbrella organisation of other psychotherapy organisations within that country so that more specialised or smaller professional associations within that country carry many of these acknowledgement or control functions. In that case the ethical responsibilities as well would be carried by these organisations and the NUO would tend to be in a more supervisory role with these organisations, and possibly act as an appeal against misjudgment or poor process of any complaint from these organisations. So the specialist professional organisation within the country will have their own code of ethics that the practising psychotherapist must conform to and the NUO may also have their code of ethics to which s/he, as a person on their register, may be subjected as well. But there is a further layer of complication, in that the practitioner practices within a modality and that is the jurisdiction of the EWO/EWAO, so s/he may also be practising under a third code of ethics. And these codes may not be compatible with each other in many significant respects.

So now we add in another complication - the European level. In order not to complicate the situation and confuse these issues further, it became clear that within EAP that we should not establish another “Ethical Code”, and there are considerable (even horrendous) practical difficulties against doing this as well. All these different codes were compiled and created by psychotherapists, usually acting in a voluntary and an unpaid capacity in their spare time - as we all do. These different codes may have been created some while ago. Times change, standards change, different laws are passed, customs vary, and psychotherapists are also not experts in creating regulations. Their skill, for which they have trained and are experienced in is working with members of the public who have emotional or psychological problems. That there are differences in these ethical codes is not really surprising; that there is a surprising level of conformity in them is really quite amazing; but often “the devil is in the detail” and therefore we need, at some point, to examine these details minutely. This will take a lot of dedicated time, skill and resources.

A Decisive Boundary :

The EAP has very few of these resources at present, and may never have them all sufficiently. It is a coordinating and collaborative body, at best, and a somewhat confused and complex muddle, at worst. To imagine that the EAP could receive, investigate, and hold a hearing about an ethical case in any one of (currently) about 26 different countries, with all the different languages and cultural differences, is stretching the limits of imagination to a mind-boggling level. Essentially it is out of the question, and thus it is very clearly stated that

The Association (EAP) does not receive complaints about individual members of organisations which are members of EAP. These need to be re-directed to the person's organisation so that that organisation's complaints procedure can be followed. The Association requires its member organisations to resolve complaints within their organisations and according to their own complaints procedures and does not act as an appeal body if such complaints remain unresolved.

By “organisation” we mean their National Umbrella Organisation or National Awarding Organisation, or their European Wide Accrediting Organisation. What is currently essential to the workings of the EAP is that we manage somehow to avoid the possibility of having to deal with these ethical complaints ourselves. It is absolutely necessary that we set such a boundary and do not invoke a potential nightmare. We do obviously try to resolve difference and difficulties between our own member organisations, or difficulties that we may be having with one particular member organisation; but this is much more internal politics than ethics, though ethics are often brought in to claim a moral “high ground” - as soon as someone claims that someone else is unethical, that person is put onto the defensive.

Having dealt with alleged unethical situations (sometime pseudo-ethical and political) within my own (European Wide) modality, I can assure you all that these situations, especially when working across Europe, can become the stuff of nightmares and is often extremely stressful to all concerned and also potentially very destructive within the organisation. Some of the more common defenses of a practitioner are to refute the authority or integrity of the ethical committee, or to counter-attack in some way against the organisation that is trying to ‘assess’ or ‘discipline’ someone within their organisation. Hierarchical and political liaisons within the organisation are frequently manipulated. Communication is deliberately prolonged or distorted. Faxes and e-mails sent to different people outside of the complaints process can complicate the overall picture, rather than simplifying it. Threats of some sort of legal counter-action are quite common. The ethical case can then drag on interminably. Even where the organisation is a registration organisation, and expulsion may result in loss of work, the “accused” can still delay and distort the process.

And the final defense for the person involved is always to resign thus removing the “accused” from the jurisdiction of the process: this is because you cannot ‘discipline’ someone who is no longer a member of your organisation and is now outside of any control. To this end, in our EWAO, we introduced a very useful clause that states that no person can re-apply for membership if there is an unresolved or outstanding ethical complaint against them and that the resignation of someone from the organisation is not accepted if there is an ethics case outstanding.

Internal Relationships:

So, given the very confusing situation in Europe and the relatively new and fragile alliances within the EAP, although they are steadily increasing in strength and solidity, a ‘nasty’ ethical case with different language and legal complications could potentially destroy a lot of this growing goodwill. For the EAP to become involved or embroiled in an ethical case, even in an appellate function, could undermine, confuse or destroy the autonomy of the member organisation in that particular country. That would mean

we might undermine and confuse member organisations rather than the EAP membership benefiting from such ethical resolutions. We therefore would really like member organisations to ensure that these ethical situations are resolved within the organisation and thus the EAP clearly states its position in an accompanying passage to the Statement of Ethical Principles document:

Member organisations are required to have appropriate ethical statements, codes and complaints procedures. Member organisations such as NUOs or EWOs are strongly advised to make adequate provisions in their ethical codes and complaints procedures to have complaints about their organisation resolved satisfactorily (eg arbitration clauses).

It goes further. EAP does not even want to be in the position of having to discipline its own member organisations about any possible deficiencies in their ethical guidelines or codes, so it leaves any such appellate or remedying process up to whatever happens in that particular country or to that particular organisation. If, however, a member organisation has been shown to be deficient in some way, either in its ethical code, or in the process of applying it, there is a potential remedy:

If it has been clearly established outside of the Association (EAP) (as in a Court of Law; an arbitration panel or review body; or by self-admission) that the member organisation is deficient in some respect, their status as a member organisation of the Association (EAP) may be reviewed and they may be required to make appropriate changes in their ethics or procedures to remedy any reoccurrence of the deficiency.

Now this may seem like “passing the buck” but we believe it is essential in the processing of establishing EAP as a respected superior organisation without unnecessary interference in the NUO/NAO or EWO/EWAO’s internal autonomy.

Complaints Process :

In practice, where does that put us with a complained-about psychotherapist ? Hopefully his or her national organisation (NUO/NAO) will either take up the complaint or supervise the complaint being heard by a subsidiary organisation within that NUO/NAO and then adjudicate according to their own code(s). In instances where their code may be incomplete or deficient, the EAP’s Ethical Principles can now be referred to. Thus these might be enforced, not by the EAP directly, but by the bNAO which has put that particular psychotherapist onto the EAP’s Register and thus can also ask for them to be removed: expulsion is always the ultimate sanction by any membership organisation, though hopefully we will also begin to see more self-reflective or educative sanctions being used as well.

The Ethical Principles could even be used by the practitioner to contest what is felt to be an unfair or harsh interpretation of a particular phrase in any particular organisation’s Ethical Code. If the EAP’s Statement of Ethical Principles has made its statement and an NAO said “This action ...” or “That action ...” was unethical which was somewhat contradictory statement, this discrepancy could be used by the ‘accused’ practitioner in their defence of their ethical behaviour; or the practitioner might argue that they had behaved ‘properly’ according to the EAP’s Statement of Ethical Principles and yet the NAO had still disciplined them. Either way the EAP’s Statement of Ethical Principles stand as a solid reference point.

In certain cases, about the improper use of a particular method of psychotherapy, the complaint might be heard more relevantly by the psychotherapist’s European Wide Accrediting Organisation (EWAO) which is modality-based and which would have its own code of ethics for the practitioners of that particular modality. Thus every psychotherapist ideally is working under two codes of ethics: one relevant for their particular country and one relevant for their particular modality of psychotherapy; and both hopefully

working with reference to and compatible with the EAP's Statement of Ethical Principles. Compatibility: There is, as mentioned, increasingly a more positive intention to assist organisations towards an adjustment process of all the various ethical codes etc. and to try to eventually achieve a level of consistency and coherence across Europe. One of the goals of the EAP's Ethical Guidelines Committee, is:

** to begin to collect copies of the ethical codes/guidelines and complaints procedures of each member organisation (NUO/EWO); and statements (in English) from their ethics committees as to how their ethics code fits the EAP's ethical principles and requirements. (Ref: 8)*

This is a massive job which we are now, in the summer of 2004, just beginning to get to grips with. I have stepped down as Chairperson and Adrian Rhodes has been elected in my place. And as we (collectively begin to do this task), a number of other very complex aspects come up for consideration. So at this point I want to make a break in the article. I have appended the EAP's Statement of Ethical Principles - in its entirety - to the end of this part of the article, and in the next part of the article, Part Two, I will take a slightly different track. I will use the article mentioned earlier, by Tim Bond, as a reference point to bring out a more detailed analysis of the EAP's Statement of Ethical Principles and I also go into more detail about the methods of comparison of different ethical codes.

So, I hope that the explanation about the choice and formulation of the EAP's Statement of Ethical Principles has interested you and that it is now clear why we are using this, in this form, and especially why it is not a European "Code" of Ethics.

End of Part One

see also Appendix 1:

References:

1. Based on a private summary of Kohlberg's Stages by John May, University of Illinois.
2. From EAP's 1999 European Certificate of Psychotherapy (ECP) document.
3. Beauchamp, T. & Childress, J. (1994) Principles of Biomedical Ethics, 4th Ed.
4. Elected as Co-Chairperson in July 1999 with Cornelia Kraus-Girth (later elected as EAP President).
5. APA: American Psychological Association Code of Ethical Principles (1981-1992)
6. Extract from a letter from the APA giving permission: "APA sees no problem with your usage provided that the APA ethics code is cited appropriately (and includes a statement that portions of your text are adapted from the APA document). This permission is given with the understanding that APA assumes no responsibility in connection with your use, and that the European Association for Psychotherapy assumes all such responsibility."
7. As it has been clearly pointed out since the EAP's April 1998 Symposium on Ethics in Strasbourg, and as was also decided at the EAP AGM in July 1999, the current (2nd) draft of the document (Version 1.2, February 2000) is not a "Code" but a "Statement of Ethical Principles". EAP Booklet: 2000
8. Part of the 1999 'job description' of the EAP's Ethical Guidelines Committee.

APPENDIX 1: EAP's STATEMENT OF ETHICAL PRINCIPLES

DESCRIPTION and PROVENANCE:

This is a "statement" or "guideline" produced by the EAP as to what is considered appropriate and ethical behaviour by a European Psychotherapist. It was presented at the EAP's AGM in Dublin in July 2000 and adopted as a draft to be ratified later. A "statement" or "guideline" is very different from a "code".

A code of ethics requires an effective complaints procedure and the structure, people, expertise, and resources to investigate complaints and adjudicate ethical issues, and the power of enforcement of effective remedies or sanctions. This is both impossible and undesirable for the EAP as an organisation at present.

The EAP does not hear any complaints, or appeals about complaints concerning ethical behaviour of individual psychotherapists. The EAP does not want to duplicate or confuse the jurisdiction of the member organisations of EAP who have effective ethics codes, guidelines and complaints procedures for their members.

All complaints about individual psychotherapists should be addressed to the organisation of which that individual is a member, and all EAP psychotherapists and ECP holders should be members of a NUO/NAO and/or an EWO/EWAO and, as such, should be well-covered by an appropriate Code of Ethics and Complaints Procedure. Breaches of ethical behaviour by individual psychotherapists should thus be examined primarily in the organisation, which holds their membership, within their own country or the specialist professional association of their modality.

The purpose of this document of "Statement of Ethical Principles" or "Ethical Guidelines" therefore is to state clearly what the EAP considers as ethical behaviour for an individual psychotherapist. It is stated in the form of the "highest" and "best possible" behaviour. This should be used to assist member organisations of EAP in the processing of any complaints about individual psychotherapists who are their members. We trust that it will be used as a reference point or definition, and also as a source of information and a resource as organisations upgrade their own codes. Hopefully there will be an eventual harmonisation process between this document and the ethical standards of the different member organisations.

This text of this document was adapted from the American Psychological Association's Code of Ethical Principles (1981-1992). These Ethical Principles have all been tried and tested with a large population and over time and with deep scrutiny in quite a litigious environment. For these reasons, they were recommended as a basis for formulating ethical principles for psychotherapy in Europe. Changes from the original text have been made, but not to distort, corrupt, criticise or diminish the APA's Code of Ethical Principles in any way, which we hold in the highest respect. Appropriate copyright permission has been received from and issues of responsibility clarified with the APA for which we thank them.

We do not pretend that this is a complete or the final version. Comments, additions and amendments are encouraged to be submitted to the Ethical Guidelines Committee of the EAP at any time. We would like and really need your input, given the variety of countries and modalities of psychotherapy, and especially in any specialist areas (eg: specialist minorities; child psychotherapy; ethics of touch; etc). We hope to be developing a list of parameters for Ethical Codes for member organisations and a similar statement of ethical principles for psychotherapy organisations very soon.

Courtenay Young & Cornelia Kraus-Girth
Original Co-Chairpersons, EAP Ethics Guidelines Committee
July 2001, Moscow and July 2002, Vienna

EAP's STATEMENT OF ETHICAL PRINCIPLES

PREAMBLE:

- Psychotherapists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights.
- They are committed to increasing knowledge of human behaviour and of people's understanding of themselves and others and the utilisation of such knowledge for the promotion of human welfare.
- While pursuing these objectives they make every effort to protect the welfare of those who seek their services, of people related to those using their services (where that does not conflict with the needs of their clients) and of any research participants that may be the object of study.
- Psychotherapists respect other members of their profession and of related professions and make every effort, in so far as they are able and where that does not conflict with the interests of their clients, to provide full information and give mutual respect.
- They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others.
- While demanding for themselves freedom of inquiry and communication, psychotherapists accept the responsibility this freedom requires: competence, objectivity in the application of skills, and concern for the best interests of clients, colleagues, students, research participants, & society.
- In the pursuit of these ideals, psychotherapists subscribe to ethical principles in the following areas: 1. Responsibility; 2. Competence; 3. Moral & Legal Standards; 4. Confidentiality; 5. Welfare of the Consumer; 6. Professional Relationships; 7. Public Statements; 8. Assessment Techniques; 9. Research.
- Psychotherapists cooperate fully with their own professional, national, and European organisations & associations and with the European Association for Psychotherapy (EAP) by responding promptly and completely to inquiries from and requirements of any duly constituted ethics or professional committees of such associations or organisations of which they are a member or to which they belong.
- Acceptance onto the Register of the European Certificate for Psychotherapy (ECP) commits a psychotherapist to adherence to all of these principles.

PRINCIPLE 1. RESPONSIBILITY

General Principle: In providing services, psychotherapists maintain the highest standards of their profession. They accept the responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

Principle 1.a: As practitioners, psychotherapists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organisational, financial, environmental, or political situations and pressures that might lead to misuse of their influence.

Principle 1.b: Psychotherapists clarify in advance with their clients all matters that might pertain to their working together. They avoid relationships that may limit their objectivity or create a conflict of interest.

Principle 1.c: Psychotherapists have the responsibility to attempt to prevent distortion, misuse, or suppression of their findings by an institution or agency of which they are employees.

Principle 1.d: As members of national or organisational bodies, psychotherapists remain accountable as individuals to the highest standards of their profession.

Principle 1.e: As teachers or trainers, psychotherapists recognise their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship by presenting information objectively, fully, and accurately.

Principle 1.f: As researchers, psychotherapists accept responsibility for the selection of their research topics and methods used in investigation, analysis and reporting. They plan their research in ways to minimise the possibility that their findings will be misleading. They provide thorough discussion of the limitations of their data, especially where their work touches on social policy or might be construed to the detriment of persons in specific age, sex, ethnic, socioeconomic, or other social groups. In publishing reports of their work, they never suppress disconfirming data, and they acknowledge the existence of alternative hypotheses and explanations of their findings. psychotherapists take credit only for the work they have actually done. They clarify in advance with all appropriate persons and agencies the expectations for sharing and utilising research data. Interference with the milieu in which data are collected is kept to a minimum.

PRINCIPLE 2: COMPETENCE

General Principle: The maintenance of high standards of competence is a responsibility shared by all psychotherapists in the interest of the public and the profession as a whole. Psychotherapists recognise the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognised standards do not yet exist, psychotherapists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current health, scientific and professional information related to the services they render.

Principle 2.a: Psychotherapists accurately represent their competence, education, training, and experience. They claim as evidence of educational & professional training qualifications only those degrees or qualifications obtained from reputable educational institutions or those recognised by the EAP. They ensure that they adequately meet the minimum professional standards as laid down by the EAP, the relevant National Awarding Organisation's criteria, and the criteria of the relevant European Wide Accrediting Organisation in their modality or method, where these exist. They respect the other sources of education, training and experience that they have received.

Principle 2.b: As practitioners, and as teachers or trainers, psychotherapists perform their duties on the basis of careful preparation and readiness so that their practice is of the highest standard and communication is accurate, current, and relevant.

Principle 2.c: Psychotherapists recognise the need for continuing education and personal development and are open to new procedures and changes in expectations and values over time.

Principle 2.d: Psychotherapists recognise differences among people, such as those that may be associated with age, sex, socio-economic, and ethnic backgrounds or the special needs of those who might have been specifically disadvantaged. They obtain suitable training, experience, or counsel to assure competent and appropriate service when relating to all such persons.

Principle 2.e: Psychotherapists responsible for decisions involving individuals or policies based on test results have an understanding of psychological or educational measurement, validation problems, and test research.

Principle 2.f: Psychotherapists recognise that personal problems and conflicts may interfere with professional effectiveness. Accordingly they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional activities.

Principle 2.g: Psychotherapists entering into new fields of activity ensure that they have completed all the training and professional requirements related to that field of activity, prior to practising, and that their activity in this new field is of the highest possible standard. They ensure that there is no dilution of, confusion or conflict with any current activity. (Proposed addition: Oct 2001)

PRINCIPLE 3: MORAL & LEGAL STANDARDS

General Principle: Psychotherapists' moral and ethical standards of behaviour are a personal matter to the same degree as they are for any other citizen, except where these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychotherapy & psychotherapists. Regarding their own personal behaviour, psychotherapists are sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychotherapists. Psychotherapists are also aware of the possible impact of their public behaviour upon the ability of colleagues to perform their professional duties.

Principle 3.a: As professionals, psychotherapists act in accord with the principles of EAP and their National Awarding Organisation's (NAO) and their institute or association's standards and guidelines related to practice. Psychotherapists also adhere to relevant governmental laws and regulations. When European, national, provincial, organisational, or institutional laws, regulations, or practices are in conflict with EAP, the NAO, or their institution or association's standards and guidelines, psychotherapists make known their commitment to EAP, their NAO & their institute or association's standards and guidelines and, wherever possible, work toward a resolution of the conflict. As professionals, they are concerned with the development of such legal and quasi-legal regulations that best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

Principle 3.b: As employees or employers, psychotherapists do not engage in or condone any practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of race, handicap, age, gender, sexual preference, religion, or national origin in practice, in hiring, promotion, or training.

Principle 3.c: In their professional roles, psychotherapists avoid any action that will violate or diminish the human, legal and civil rights of clients or others who may be affected.

Principle 3.d: As practitioners, teachers, trainers and researchers, psychotherapists are aware of the fact that their personal values may affect their communication, the use of techniques, selection and presentation of views or materials and the nature or implementation of research. When dealing with topics that may give offence, they recognise and respect the diverse attitudes and individual sensitivities that clients, students, trainees or subjects may have towards such matters.

PRINCIPLE 4. CONFIDENTIALITY

General Principle: Psychotherapists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychotherapists. They reveal such information to others only with the consent of the person (or the person's legal representative), except in those unusual circumstances in which not to do so would probably result in clear danger to the person or to others. Psychotherapists inform their clients of the legal limits of confidentiality. Consent to reveal information to others would normally be obtained in writing from the person concerned.

Principle 4.a: Information obtained in clinical or consulting relationships, or evaluating data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation or for a referral, and every effort is made to avoid undue invasion of privacy.

Principle 4.b: Psychotherapists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.

Principle 4.c: Psychotherapists make provisions for maintaining confidentiality in the storage and disposal of records, and in the event of their own unavailability.

Principle 4.d: When working with minors or other persons who are unable to give voluntary, informed consent, psychotherapists take special care to protect these person's best interests and consult others involved appropriately.

PRINCIPLE 5: WELFARE OF THE CLIENT

General Principle: Psychotherapists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychotherapists' employing institutions, psychotherapists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Psychotherapists fully inform clients as to the purpose and nature of any evaluative, treatment, educational, or training procedure, and they openly acknowledge that clients, students, trainees, or participants in research have freedom of choice with regard to participation. Coercion of people to participate or to remain in receipt of services is unethical.

Principle 5.a: Psychotherapists are continually cognizant of their own needs and of their potentially influential position vis-à-vis persons such as clients, students, trainees, subjects and subordinates. They avoid exploiting the trust and dependency of such persons. Psychotherapists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, professional treatment of or research with employees, students, supervisees, close friends, or relatives. Sexual intimacies with any such clients, students, trainees and research participants are unethical.

Principle 5.b: When a psychotherapist agrees to provide services to a client at the request of a third party, the psychotherapist assumes the responsibility of clarifying the nature of the relationships to all parties concerned.

Principle 5.c: Where the demands of an organisation require psychotherapists to violate these or any ethical principles, psychotherapists clarify the nature of the conflict between the demands and the principles. They inform all parties of their ethical responsibilities as psychotherapists and take appropriate action.

Principle 5.d: Psychotherapists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients, students, trainees or research participants. They neither give or receive and remuneration for referring clients for professional services. They contribute a portion of their services to work for which they receive little or no financial return.

Principle 5.e: Psychotherapists terminate a clinical or consulting relationship as soon as it is reasonably clear that the client is not benefiting from it, or whenever the client requires. They offer to help the client locate alternative sources of assistance.

PRINCIPLE 6: PROFESSIONAL RELATIONSHIPS

General Principle: Psychotherapists act with due regard for the needs, special competencies, and obligations of their colleagues in psychotherapy, psychology, medicine & other professions. They respect the prerogatives and obligations of the institutions or organisations with which these other colleagues are associated.

Principle 6.a: Psychotherapists understand the areas of competence of related professions. They make full use of all the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychotherapists of the responsibility for securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed.

- Principle 6.b:** Psychotherapists know and take into account the traditions and practices of other professional groups with whom they work and they cooperate fully with such groups. If a person is receiving similar services from another professional, the psychotherapist carefully considers that professional relationship and proceeds with caution and sensitivity to the therapeutic issues as well as the client's welfare. The psychotherapist discusses these issues with the client so as to minimise the risk of confusion and conflict, and seeks, where possible, to maintain clear and agreed relationships with other involved professionals.
- Principle 6.c:** Psychotherapists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals and take action to ensure their competence. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.
- Principle 6.d:** Psychotherapists do not exploit their professional relationships with clients, supervisees, students, employees or research participants sexually or otherwise. Psychotherapists do not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient.
- Principle 6.e:** When psychotherapists know of an ethical violation by another psychotherapist, and it seems appropriate, they informally attempt to resolve the issue by bringing the behaviour to the attention of the psychotherapist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, psychotherapists bring it to the attention of the appropriate institution, association or committee on professional ethics and conduct.
- Principle 6.f:** Publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognised by joint authorship with the individual who made the principle contribution listed first. Minor contributions of a professional character and extensive clerical or similar nonprofessional assistance may be acknowledged in footnotes or in an introductory statement. Acknowledgement through specific citations is made for unpublished as well as published material that has directly influenced the research or writing. Psychotherapists who compile and edit material of others for publication publish the material in the name of the originating group, if appropriate, with their own name appearing as chairperson or editor. All contributors are acknowledged and named.
- Principle 6.g:** In conducting research in institutions or organisations, psychotherapists secure appropriate authorisation to conduct such research. They are aware of their obligation to future research workers and ensure that host institutions receive adequate information about the research and proper acknowledgements of their contributions.

PRINCIPLE 7: PUBLIC STATEMENTS

- General Principle:** Public statements, announcements of services, advertising, and promotional activities of psychotherapists serve the purpose of helping the public make informed judgments and choices. Psychotherapists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organisations with which they or the statements may be associated. In public statements providing psychotherapeutical information or professional opinions or providing information about the availability of techniques, products, publications, and services, psychotherapists base their statements on generally acceptable findings and techniques with full recognition of the limits and uncertainties of such evidence.
- Principle 7.a:** When announcing or advertising professional services, psychotherapists may list the following information to describe the provider and services provided: name, highest relevant academic degree or training certificate earned from an accredited institution, date, type, award of

the ECP, membership of psychotherapy organisations and professionally relevant or related bodies, address, telephone number, office hours, a brief listing of the type of psychological services offered, an appropriate presentation of fee information, foreign languages spoken, policy with regards to insurance or third party payments and other brief & pertinent information. Additional relevant or important consumer information may be included if not prohibited by other sections of these Ethical Principles.

Principle 7.b: In announcing or advertising the availability of psychotherapeutic services or publications, psychotherapists do not present their affiliation with any organisation in a manner that falsely implies sponsorship or certification by that organisation. In particular and for example, psychotherapists do not state European, national registration or institutional or associational status in a way to suggest that such status implies specialised professional competence or qualifications. Public statements include, but are not limited to, communication by means of periodical, book, list, directory, internet, television, radio, or motion picture. They do not contain (i) a false, fraudulent, misleading, deceptive, or deceptive, or unfair statement; (ii) a misinterpretation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclose of relevant facts; (iii) a testimonial from a patient regarding the quality of a psychotherapist's services or products; (iv) a statement intended or likely to create false or unjustified expectations of favourable results; (v) a statement implying unusual, unique, or one-of-a-kind abilities; (vi) a statement intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain the offered services; (vii) a statement concerning the comparative desirability of offered services; (viii) a statement of direct solicitation of individual clients.

Principle 7.c: Psychotherapists do not compensate or give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of or in return for professional publicity in a news item. A paid advertisement must be identified as such, unless it is apparent from the context that it is a paid advertisement. If communicated to the public by use of radio or television, an advertisement is prerecorded and approved for broadcast by the psychotherapist. Copies of advertisements and recordings of broadcasts are retained by the psychotherapist.

Principle 7.d: Announcements or advertisements of "personal growth groups," special-interest group sessions, courses, clinics, trainings and agencies give a clear statement of purpose and a clear description of the experiences or training to be provided. The education, training, and experience of the staff members are appropriately specified and available prior to the commencement of the group, training course or services. A clear statement of fees and any contractual implications is available before participation.

Principle 7.e: Psychotherapists associated with the development or promotion of psychotherapeutic techniques, products, books, or other such offered for commercial sale make reasonable efforts to ensure that announcements and advertisements are presented in a professional, scientifically acceptable, ethical and factually informative manner.

Principle 7.f: Psychotherapists do not participate for personal gain in commercial announcements or advertisements recommending to the public the purchase or use of proprietary or single-source products or services when that participation is based solely upon their identification as psychotherapists.

Principle 7.g: Psychotherapists present the science and art of psychotherapy and offer their services, products, and publications fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Psychotherapists are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices.

Principle 7.h: As teachers, psychotherapists ensure that statements in catalogues and course outlines are accurate and not misleading, particularly in terms of subject matter to be covered, bases for evaluating progress, and the nature of course experiences. Announcements, brochures or

advertisements describing workshops, seminars, or other educational programs accurately describe the audience for which the program is intended as well as eligibility requirements, educational objectives, and nature of the materials to be covered. These announcements also accurately represent the education, training, and experience of the psychotherapists presenting the programs and any fees involved.

Principle 7.i: Public announcements or advertisements soliciting research participants in which clinical services or other professional services are offered as an inducement make clear the nature of the services as well as the costs and other obligations to be accepted by participants in the research.

Principle 7.j: A psychotherapist accepts the obligation to correct others who represent the psychotherapist's professional qualifications, or associations with products or services, in a manner incompatible with these guidelines.

Principle 7.k: Individual diagnostic and therapeutic services are provided only in the context of a professional psychotherapeutic relationship. When personal advice is given by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, mail, or similar media, the psychotherapist utilises the most current relevant data and exercises the highest level of professional judgment.

Principle 7.l: Products that are described or presented by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, mail, or similar media meet the same recognised standards as exist for products used in the context of a professional relationship.

PRINCIPLE 8: ASSESSMENT TECHNIQUES

General Principle: In the development, publication, and utilisation of psychotherapeutic or psychological assessment techniques, psychotherapists make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations. Psychotherapists make every effort to maintain the security of tests and other assessment techniques within the limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

Principle 8.a: In using assessment techniques, psychotherapists respect the right of clients to have full explanations of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to this right has been agreed upon in advance. When the explanations are to be provided by others, psychotherapists establish procedures for ensuring the adequacy of these explanations.

Principle 8.b: Psychotherapists responsible for the development and standardisation of psychological tests and other assessment techniques utilise established scientific procedures and observe the relevant EAP, national, and institutional or organisational standards.

Principle 8.c: In reporting assessment results, psychotherapists indicate any reservations that exist regarding the validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested. Psychotherapists strive to ensure that the results of assessments and their interpretations are not misused by others.

Principle 8.d: Psychotherapists recognise that assessment results may become obsolete and do not represent a complete picture of the assessed. They make every effort to avoid and prevent the misuse of obsolete measures or incomplete assessments.

Principle 8.e: Psychotherapists offering scoring and interpretation services are able to produce appropriate evidence for the validity of the programs and procedures used in arriving at interpretations. The public offering of an interpretation service is considered a professional-to-professional consultation. Psychotherapists make every effort to avoid misuse of assessment reports.

Principle 8.f: Psychotherapists do not encourage or promote the use of psychotherapeutic or

psychological assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship, or supervision.

PRINCIPLE 9: RESEARCH

General Principle: The decision to undertake research rests upon a considered judgment by the individual psychotherapist about how best to contribute to human science and human welfare. Having made the decision to conduct research, the psychotherapist considers alternative directions in which research energies and resources might be invested. On the basis of this consideration, the psychotherapist carries out the investigation with respect and concern for the dignity and welfare of the people who participate and with cognizance of regulations and professional standards governing the conduct of research with human participants.

Principle 9.a: In planning a study, the psychotherapist who carries out the investigation (the investigator) has the responsibility to make a careful evaluation of its ethical acceptability. To the extent that the weighing of scientific and human values suggests a compromise of any principle, the investigator incurs a correspondingly serious obligation to seek ethical advice and observe stringent safeguards to protect the rights of human participants.

Principle 9.b: Considering whether a participant in a planned study will be a "subject at risk" or a "subject at minimal risk", according to recognised standards, is of primary ethical concern to the investigator.

Principle 9.c: The investigator always retains the responsibility for ensuring ethical practice in research. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur similar obligations.

Principle 9.d: Except in minimal-risk research, the investigator establishes a clear and fair agreement with research participants, prior to their participation, that clarifies the obligation and responsibilities of each. The investigator has the obligation to honour all promises and commitments in that agreement. The investigator informs the participants of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of the research about which the participants inquire. Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and the dignity of the research participants. Research with children or with participants who have impairments that would limit understanding and/or communication requires special safeguarding procedures.

Principle 9.e: Methodological requirements of a study may make the use of concealment or deception seem necessary. Before conducting such a study, the investigator has a special responsibility to (i) determine whether the use of such techniques is justified by the study's prospective scientific, educational, or implied value; (ii) determine whether alternative procedures are available that do not use concealment or deception; and (iii) ensure that the participants are provided with sufficient explanation as soon as possible. There exists a presumption not to use such techniques.

Principle 9.f: The investigator respects the individual's freedom to decline to participate in or withdraw from the research at any time. The obligation to protect this freedom requires careful thought and consideration when the investigator is in a position of authority or influence over the participant. Such positions of authority include, but are not limited to, situations in which research participation is required as part of employment or in which the participation is a student, client, or employee of the investigator. The rights of the individual predominate over the needs of the investigator to complete the research.

Principle 9.g: The investigator protects the participant from physical and mental discomfort, harm, and danger that may arise from research procedures. If risks of such consequences exist, the investigator informs the participant of that fact. Research procedures likely to cause serious or

lasting harm to a participant are not used unless the failure to use these procedures might expose the participant to risk of greater harm, or unless the research has great potential benefit and fully informed and voluntary consent is obtained from each participant. The participant should be informed of procedures for contacting the investigator within a reasonable time period following participation should stress, potential harm, or related questions or concerns arise. Consent obtained from the participant does not limit their legal rights or reduce the investigator's legal responsibilities.

Principle 9.h: After the data are collected, the investigator provides the participant with information about the nature of the study and attempts to remove any misconceptions that may have arisen. Where scientific or humane values justify delaying or withholding this information, the investigator incurs a special responsibility to monitor the research and to ensure that there are no damaging consequences for the participant.

Principle 9.i: Where research procedures result in undesirable consequences for the individual participant, the investigator has the responsibility to detect and remove or correct these consequences, including long-term effects.

Principle 9.j: Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to such information, this possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent.