

The Ethics of Psychotherapy in Europe: Part Two

Courtenay Young

Preamble:

In Part One, the author examined the reasons behind the choice of the EAP's Statement of Ethical Principles and why it was decided not to adopt a European Code of Ethics. This part examines the Statement of Ethical Principles in more detail and uses an article by Tim Bond: "*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) as a reference point. It also goes into detail about the proposed methods of comparison of different ethical codes between different EAP Member Organisations.

The EAP held a symposium in Strasbourg, France, in March 1999 entitled "Psychotherapy, Ethics and Human Rights - the ethical requirement and the role of psychotherapy in the defence of human rights" under the patronage of Mr Daniel Tarschys, the Secretary General of the Council of Europe and Mr Roland Ries, Mayor of Strasbourg. Whilst much of the symposium was directed towards the European citizen's human right to ethical and competent psychotherapeutic care, and the role of psychotherapy in the defense of human rights, there was also a substantial section on the ethics of psychotherapy, the code or statement of ethics and how effective is it when put to the test of reality. One of the significant papers that came out of that symposium was a first draft for the EAP's Statement of Ethical Principles, adapted from a previous version of the APA's Ethical Principles. (see Part 1)

This Statement was initially adopted as a draft in Dublin in June 2000 to stay "on the table" until ratified. This ratification was hoped to have been done at the EAP's AGM in Moscow in July 2001, but the meeting's agenda was not completed and so this was carried over to the AGM in July 2002 in Vienna where it was accepted. It is available in printed form from the EAP; and as an Appendix to Part 1 of this article. It is also available on the EAP website: www.europsyche.org

Education and Training :

Ethics are often seen as a definitive code, to be obeyed or enforced, or as a statement of principles, something to be aspired to or achieved, and some of the differences between these two was discussed in Part One. However little is currently done generally to educate or support psychotherapists in the ethics of their profession. In a short seminar on "The Ethics of EAP", led by Tim Bond and myself at the EAP Congress in Dublin in June 2000, there was considerable favour found for a number of interesting perspectives.

Firstly, ideally and quite primary, there should be in place within all membership organisations, some sort of an ethical support system for members of the profession to help them to determine what is the correct ethical behaviour and what is not, in any given circumstance. This implies some sort of readily available consultational process, perhaps contained within a normal supervisory set-up (if it exists), or an ethical hot-line perhaps, with even a level of anonymity or some freedom from penalisation for people with difficult ethical questions from the appropriate ethics (disciplinary) committee of that membership organisation. Now this is an ideal, and it is, perhaps, something that will not be realisable for a while. But as we move towards a degree of pan-European computability, we felt that we should hold this up as an ideal. We certainly encourage the Ethical Committees of the various EAP membership organisations to consider this as a possibility and as an extension to their role.

Some situations inevitably arise where we are genuinely confused during the course of our professional work. We think we are doing ethical work, but there is occasionally this nagging doubt, or we meet a situation we have not come across before. Now, in many cultures there is an ethic of regular and appropriate on-going supervision for psychotherapists. Something like a peer supervision group is an excellent place to raise such ethical concerns. And I firmly believe that all psychotherapists should have such a resource available. But the next best thing is to be able to ask someone a question. In the early parts of one's career as a psychotherapist, you might have had a 'mentor' appointed to you. In later career profiles, this implies some sort of a consultative role for ethics committees of member organisations. This can be seen as a fairly low-cost benefit to the members. Another organisation that I am familiar with has an ethical discussion page in their newsletter where various people comment about such situations.

The next point of concern is a much better system of education in respect to professional ethics and behaviour. Many modalities of psychotherapy did not have specific components about ethics in their training courses until relatively recently. We need to know what requirements a membership organisation might have within its 'training standards' about the teaching and dissemination of professional ethics. We need to start off 'right' and make sure that new people coming into the profession also start off right. In the past, too many people have come into the field as relative pioneers and made up the rules (both within the theories of their modalities and also sometimes their own ethical rules) as they went. What was O.K. then (when we trained or started), is often not 'right' now. Times change; but some people were taught back in those days, and they haven't changed with the times or realized that they needed to; and some organisations and associations have been relatively rigid and also haven't changed to modern ethics, as it is not a fixed concept. There may be very genuine holes in people's education and in psychotherapy training programmes and professional development programmes.

This point needs to be followed up by some sort of regular professional education, or possibly re-accreditation based upon on-going education. The development of ethical behaviour in this context can be seen as a life-long learning process and an ever-refined exploration, rather than a black & white snapshot - "this action was or wasn't ethical" which might be true then, but isn't now. We are also aware that values change considerably over time, as well as from place to place, and within different modalities, and countries, and thus ethical standards need to follow and track this developmental growth as well as incorporating all our cultural and regional differences.

Within the EAP, there was also felt to be many logistical and economic difficulties in persuading the many varied national and European-wide EAP membership organisations to come together and discuss ethics in any great depth. There are very considerable time and cost constraints to EAP meetings. The EAP hosted one ethics event in Strasbourg in April 1997, but there has been no serious debate since then. Maybe we need another symposium.

There was an appeal for a minimalistic regulatory code that is expressed positively: rather than a harsh code full of "do not"s and "must not"s. It was stated (in that workshop) that an ethical practitioner is one who is aware that s/he is human and, as such, that at some point some failure over ethical standards is almost inevitable. There should be recognition of the fact that we usually aspire higher than how we perform and that we can learn from mistakes. A question was raised as to whether unethical behaviour is a failing of the individual or more a failure of the training or membership organisation that induces or supports that individual in the profession? It is a very good question and maybe there is an ethical responsibility that needs to be more openly shared, so that Ethics Committees need to look at education and awareness (consciousness-raising) as much as at complaints investigation.

There was also an appeal for greater self-knowledge and enquiry, especially within training situations, so that we might move more to a direct and profound experience of the 'self', and thus of the 'other', and by this process the direct awareness of ethics - as a relationship-based set of principles - could perhaps be inculcated into future practitioners. This is not as esoteric as it sounds. Supremely ethical people are often those who have been the direct recipients of abuse, and who have decided, very consciously, not to pass this abuse unconsciously on to other people - i.e. the abuse stops right here and now. Abusers are often those who have also been abused and are less conscious of, or willing to look at, their own abuse issues. When one considers the ethical standing of Martin Luther King, Nelson Mandela, Gandhi, etc. this becomes clearer. What lessons can we learn from abuse that we might have suffered, and how has this affected our ethics; and then how do we encourage people to take this path, as well as any other path, of self-reflective education? Psychotherapy does exactly this. Maybe we need more psychotherapy in order to be more ethical psychotherapists?

This developed into another point of view, that ethical maturity in a person or practitioner often seemed to shift away from what one did ethically, towards how one was ethically - a state of being, rather than a series of actions. Of course, the shadow side of this is the question of who determines that. Who says that the way one is is abusive? We may have to listen more and elicit such comments. There is a common trap here. Often we who are in a hierarchical position of power, rank or influence, do not listen as well as we could to those in a 'lesser' position, especially when they are speaking about the abuses of rank that they suffer. We do not like to hear home truths that might apply to us or to our professional colleagues. Other similar points were also noted. Should we perhaps be looking at what is common to all approaches of human care? Maybe respect for the relationship is much more important than adherence to any code or to any particular practice? What research criteria could we come up with to assess practically a practitioner's ethical way of being?

In one short symposium, we covered a lot of ground. I would therefore like to recommend such symposia to the planners of professional psychotherapy congresses in all of the various modalities and in all the various countries: on-going ethical think-tanks could become a very useful resource to the profession as a whole.

Sanctions:

I would hope however, that as we begin to develop the process of working with real ethical situations, the removal (of the unethical practitioner from the association) is seen as not just the very last resort, but also a failure of that association or organisation. I would think it much more preferable for all concerned that there is some sort of hierarchy of sanctions that an organisation or association can take towards its miscreants, and to reflect on internally. Perhaps any organisation should first inform (its members and clients); then mediate (between practitioner/client, trainer/trainee, complainant/complained-about, etc), and then educate, correct, sanction and discipline, before they suspend or exclude. However, we see regularly, in the newspapers as well as within organisational dynamics, a much greater preference for exclusion as the easier way of "getting rid of" the problem rather than lesser sanctions for holding and correcting it the problem, as well as very little tendency for the organisation to own up to any responsibilities that it might have in the process.

Tim Bond, in his article, didn't mention much about the enforcement of sanctions in unethical situations as he was taking a much more descriptive and definitive approach to ethics. Me, I'm just a bit more pragmatic, and a little bit more cynical. At this point it is worth mentioning that we can easily descend, according to Kohlberg's Stages of Moral Reasoning, to Stage Three: "*Moral decisions are based on social conformity. People are heavily influenced by what their reference group does.*" - which indicates the difficulty in dealing with the nuances of complex cases found in the "*vox populi*" or tabloid press - or

even, lower still, to Kohlberg's Stage Two: "*Moral decisions made on maximising one's own personal welfare. There is a tendency to make "trades", but trying to come out ahead each time. Punishments are based on the "value" of the offence - 'Does this person matter? Are they likely to complain?' It is OK if you can get away with it.*" - often found in commerce, where the moralities are often power-based (Stage One). (Ref: 1) These attitudes are more prevalent within our general society, rather than Stages Four & Five (as mentioned in Part One of this article) in the community of European professional psychotherapists.

The driving force in ethics within the psychotherapy profession is often not really about "the protection of the consumer's interests" - though this is what is nearly always stated. Firstly, the organisation owes as much of a duty to protect its member's interests as it does to protect anyone else. And this brings about a common complaint from complainants, for they feel that the investigating organisation often 'protects its own'. The reality principle is that the driving force is often much more predominantly about appearing not to be seen (as an organisation) to have egg on your face or dirt in your closet by having an unethical member, and in a litigious environment it can also be about not endorsing someone else's practice if you know they are deficient in some way and thus not being potentially liable in any legal suit. So it is in some way easier to evade than to admit; and this works specifically against any proper education in ethics.

In order to counter this tendency, there has to be, realistically, a balancing force, a punitive element for the organisation, so that if they do not process a complaint properly and fairly, then they suffer possible sanctions themselves. This gives a potential supervisory role for an umbrella organisation, of other organisations, not to hear complaints, but to ensure (somehow) that the process of hearing complaints has been a fair and open one. Some form of consumer watchdog process can also be involved here.

In the UK, there is a very active one called POPAN: Prevention Of Professional Abuse Network, that works to try to prevent abuse by all health workers: psychotherapists, counsellors, social workers, doctors, etc. www.popan.org.uk At the very least, it works hard to try to ensure that perpetrators get dealt with, and do not get away with abuse. Whether these sorts of organisations should be invited to give their ideas and experience to, and even participate in, complaints procedure processes, is another issue for a wider ethics debate.

One of POPAN's themes is that: "*There are no nationally agreed standards for training, ethical practice or professional conduct, an absence of patient and public involvement and highly inadequate audit and accountability frameworks. Many of the people we have worked with since 1990 have been seriously affected by incompetent or abusive practitioners. To establish a service to the public there is no legal requirement for training and even people thrown out of professional associations are legally able to continue practicing. Attempts at voluntary self regulation have not been successful and standards have been inconsistently applied. The profession has not been good at making progress towards effective regulation. We believe that the case for statutory self-regulation is overwhelming and want to see the government bringing forward a timescale as soon as possible.*"

There are many similar sorts of questions that arise in ethical debates within a particular profession, and it is vital that these debates are conducted in some way and in some manner. The above statement is very self-referential and subjective. Yet, within the profession, there seems to be a tendency to see the Ethical Code as some sort of Bible and therefore it is almost sacrilegious to try to discuss it critically or to try and change it. Healthy ethics is not another form of fundamentalism. Nor is it a form of persecution for the slightest infraction. Healthy ethics is actually an alive forum of discussion. This is also another reason why the EAP chose not to have an Ethical Code, but to have a Statement of Ethical Principles.

Comparison with Counselling:

At this point I would like to diversify slightly and consider the similarities and differences between the EAP (representing European psychotherapy) and the European Association of Counselling (EAC). Counselling in Europe is an activity, sometimes a professional one, doing work that is partially similar to psychotherapy, but also significantly different from it. The EAC organises and supervises the training and practice of counselling in Europe. Now I do not want to go definitively into the similarities and differences between psychotherapy and counselling here in this article, but there are some significant similarities in its practice and ethical standards and this was partially behind Tim Bond's comparative 1999 article (mentioned earlier). There are also some significant differences.

Both organisations recognise similarly the difference between an ethical code and a statement and the EAC decided to adopt a Charter for Ethical Practice (which is more like a statement, and is not a code). As mentioned, the EAP has also decided not to adopt a code. The EAC's Charter states: "*Organisational and individual members ... are expected to adhere to this Charter.*" and "*Counselling and associated activities should be informed by the principles outlined in this document.*" No enforcement seems to be intended, yet, § 6.3 in their 'Charter' reads: "*Members of EAC must comply with this Charter and must not work to lower or ethical standards than those defined in this Charter. However National Associations and Organisations are free to place higher more stringent standards on their own members in their nation states.*"

Now, personally I find that statement a little confusing, both organisationally and as regards the ethical standards themselves. The EAC seems to be adopting a middle ground; a level that should not be gone below, but a level which may be exceeded. Given that - so what then is good practice? It seems, on reading, as if this Charter might be some sort of compromise, a platform of common standards, rather than a set of high and clear ethical principles. Yet it also seems to be indicating that it has (somewhere) an enforceable Code - notice the words "must" and "must not". So what happens when some member doesn't comply with their Charter or works to a lower standard - are we looking at a "resolution of ethical dilemmas" (§ 6.1) or the possibility of undisclosed sanctions.

In similarity and contrast, in EAP's Statement of Ethical Principles, says that: "*Acceptance onto the Register of the European Certificate for Psychotherapy (ECP) commits a psychotherapist to adherence to all of these principles.*"

And there are no further sanctions. This phrase saves the organisation having to ensure that every person awarded the ECP must sign the EAP Statement of Ethical Principles. We are forming a new profession. The EAP has, as its basis, the 1990 Strasbourg Declaration on Psychotherapy which states that: "*Psychotherapy is an independent scientific discipline, the practice of which amounts to an independent and free profession.*"

I am not sure that the EAC carries the same professional goals for counselling in Europe, and therein lies a significant difference which might affect the differences between the ethical statements of the two European organisations. It certainly affects what happens next in the process of compliance.

Definition - Psychotherapy versus the "others":

So what was being proposed, and what has now been accepted as a working document (June 2000 AGM in Dublin, confirmed July 2002 in Vienna) is a Statement of Ethical Principles and it seems very significant and extremely important that such a statement be made. One of the main functions and goals of EAP is to promote psychotherapy as an independent profession in Europe, different from the allied professions of psychology and psychiatry. Therein lies one of the motivational factors for such a

statement.

However before we again look into Tim Bond's excellent analysis of the differences, let me just remind you all that the EAP's credibility and survival depends on having a clear Statement of Ethical Principles, and without such a Statement, - and without the European Certificate of Psychotherapy (ECP), which establishes a common platform for psychotherapy training in Europe - such a goal of establishing psychotherapy as an independent profession in Europe is almost completely unattainable. As yet, there has been no clearly definitive statement about what psychotherapy actually is, despite the recently agreed definition (Ref: 2), nor has any clear boundary been drawn as to exactly what practices are within psychotherapy and which fall outside of it: viz the position of psychoanalysis (not yet represented within the EAP) and also of the Autogenic Technique (accepted as a psychotherapy in Austria). There are good and bad reasons for these omissions. At least, with the Statement of Ethical Principles, we now have a clear statement as to how we think 'proper' ethical psychotherapy should be practiced.

Tim Bond also made a somewhat naive statement in his article, based perhaps on the "One Size Fits All" principle that he seems to espouse. His statement is that "the term 'therapy' will be used generically to include counselling and psychotherapy" and this statement, at worst, would act to some psychotherapists as a red cloth does to a bull in certain European forums, and at best is somewhat confusing. There have been deliberate and damaging attempts from within the profession of counselling to equate counselling with psychotherapy. Within EAP, I believe that we absolutely have to define what psychotherapy is, in not just one written statement, but in many different ways, and almost certainly not just once, but over and over again.

Psychotherapy is very different from counselling - as a profession: I happen to do both professionally. And this is before we get into any different cultural perspectives, practices and proscriptions. Much of the effort in the EAP of the last ten years has been to be inclusive of each country and of each modality, and this has had its critics from the more prescriptive ends of the psychotherapy spectrum, but it has also meant that we haven't spent enough time determining what psychotherapy is and what psychotherapy is not. So, at some point, and this may well be the point of international acceptance, we will have to determine what is not a psychotherapy. There are laws being formulated to exclude religious sects and some of these laws are so prescriptive, that there is a very real risk that they will also exclude genuine psychotherapies, well accepted in other countries. There are also different educational standards required of a "profession" (Level 5: 4 years of post-graduate specialised training after a first university degree) than of a "vocational training" (Level 4: or below) which does not necessarily involve a first university degree.

Our need for a definition is also because we, within the EAP, are (unfortunately) currently in a political and power struggle with at least a couple of other professions, those of psychology and psychiatry in some countries as "psychotherapy" is claimed, legally and organisationally, as an activity which is done (and sometimes can only be done) by members of these two other professions; and perhaps with a third profession, counselling (as mentioned). So in an existential sense and as a survival response, one of the motivational statements behind the EAP's Statement of Ethical Principles is to address, define and claim differences between the ethics of psychiatric, clinical, psychological and psychotherapeutic treatment of people - and also between the practitioners of lesser rigorous therapies and more undesirable cults and sects. In doing so, at the same time, we may also address some of the differences between psychotherapy and counselling. Therefore, we are also living in a different and parallel universe of tooth and claw - ignored (perhaps properly and puristically) by Tim Bond in his article - as well as remaining within what he describes as "the ethics of individual welfare" as he examines ethical diversities.

Now I also want to say that I wholeheartedly agree with his analysis of the different ethical responses that

currently exist: and he lists these as the ethical discourses of autonomy; fidelity; individual welfare; and social welfare. Counselling, and the ethical principle behind the European Association for Counselling's (EAC) Charter for Ethical Practice, prioritises autonomy of the patient/client over beneficence, whereas he is probably correct in implying that the EAP's Statement of Ethical Principles prioritises the patient/client's beneficence over their autonomy. So before we get into any debate about the preferred ethical model, I have to reiterate some of the forces behind the EAP's pragmatic choice.

Rationales of development:

Since the European Association for Counselling's Charter for Ethical Practice was, according to Bond, developed '*ab initio*' - "... *from a blank sheet of paper by negotiation between participants ... supported by wider consultations during the formal adoption procedure*", it indicates a lack of pressure and a luxury of timeliness that just did not exist within the EAP. The Charter is also "*distinctive for its brevity, only 1,800 words long, [there is an] avoidance of stipulating required behaviours in precise terms. It represents a minimalist approach to constructing professional ethics ...*" And again this is a luxury that does not exist for EAP. The Charter also mentions "... *the feasibility of working together in a professional relationship.*" and §4.6 defines this a little further. The EAP, I believe, has had an overriding responsibility to determine the nature of a professional relationship in psychotherapy.

As indicated, EAP has an absolute and necessary requirement to define precisely what it means by the ethical practice of psychotherapy, and in some detail, and now! We have seen, in some countries, how the practice of psychotherapy has been suddenly redefined by other allied professions, or by legislation, in the wake of such professional moves. In the United Kingdom, the accreditation procedures of, and the debate over functional competencies with, the UKCP and other allied professions floundered. The British Association of Counselling, now calls itself the British Association of Counselling and Psychotherapy; and we have seen the establishment of a "Psychotherapy" section and a "Counselling Psychology" division of the British Psychological Society: these can be seen as two possible encroachments into the field of psychotherapy which happened just as the UK Council of Psychotherapy was trying to define and establish psychotherapy in Britain as an independent profession, along the lines of the Strasbourg Declaration, in a much more professionally co-operative environment than exists across Europe.

So there is an interesting ethical argument about how you view your neighbours in conditions of peace and brotherly love and how you might view them in conditions of conflict and violence. "*Turning the other cheek*" or "*loving thy neighbour as thyself*" are certainly principles to be espoused, but they presuppose that you are still standing upright and with your throat uncut. Whilst I don't happen to think things are quite that bad in the field of psychotherapy throughout Europe, though we have seen some very nasty examples in recent European geo-political affairs, there are some quite definite professional tensions and conflicts which predispose some of our pragmatic choices.

The new German psychotherapy law (limiting psychotherapy essentially to psychologists and psychiatrists) has got the European Union sufficiently worried as to consult legal experts as to whether it creates a restrictive practice and a few years ago the French branch of the professional psychologists' association did actually expel all (60+) of its members who did not sign a condemnation of the EAP's Strasbourg Declaration. The atmosphere within the EAP's meetings itself has also even been known to simulate certain tensions and frictions and one significant national organisation withdrew from the EAP for a number of years in order to "hold a watching brief" on these conflicts. Interestingly enough, the countries which are involved in such real geo-political troubles as continually hit the newspapers, have had psychotherapy delegates present in the EAP who have not reciprocated the conflict there but instead shown remarkable friendship towards the delegates of the "opposite side." So maybe we do have some answers!

Now that EAP has been accepted as a Non-Governmental Organisation (NGO) by the Council of Europe, it will be definitely consulted in any European-wide legislation or directive as it has begun to enter into its consultative processes and the EAP is even looking forward to initiating its own projects in due course. Maybe professional ethics can be one of these. But also there seems increasingly a need for a debate about what psychotherapy really is, conducted with the neighbouring professional bodies of psychology, psychiatry and counselling. Someone would have to monitor this discussion, an unenviable job!

Development and Consultation Process:

Lest I sound too enthusiastic or emphatic about the EAP's Statement of Ethical Principles, let me now annotate another phrase from the Description and Provenance of the EAP's Statement:

We do not pretend that this is a complete or the final version. Comments, additions and amendments are encouraged to be submitted. We would like and really need your input, especially in any specialist areas.

This document, the Statement of Ethical Principles, was first accepted as a working paper by the EAP General Assembly in June 2000; and then finally adopted as a Statement in July 2002. Our consultative process however is still wide open. We really do want your views, but please, can I beg you for a small procedural point. If you wish to write in, please do so in this way: by all means state what you like or dislike and why; please give us your reasons and arguments, and a short example of your experience to support these; and please, please, please also give us a suggested correction. There are two areas where there might be some reasonable amendments made.

Cultural Definitions:

As an example, let me refer back to Tim Bond's article (Ref: 3). He says:

"[The two ethical statements (EAC's and EAP's)] share an emphasis on valuing both differences between individual and cultural differences. However, these values are expressed in different terminology. EAC's values include 'respect for individual and cultural differences'. EAP respects 'the dignity and worth of the individual'. These differences in wording are potential signs that the same ethical issue is being considered from different ethical perspectives."

He is right. The uni-culture of the USA, from which the Statement was drawn, whilst nominally respecting and elevating the rights, dignity and worth of the individual, also often does ignore the variety of cultural differences, which they are beginning to discover to their cost. Given the wider differentiations in Europe, I think that we should probably emphasise this point about cultural differences slightly better. Therefore I could easily recommend a change for the future. We have already added in some phrases to the end of the preamble and in Principle 2a to reflect the different professional situations in Europe. We could add to the first phrase in the Preamble to the Statement of Ethical Principles (see Appendix: Part 1) another phrase (in italics):

"... strive for the preservation and protection of fundamental human rights ..." :as defined in the European Convention for the Protection of Human Rights and Fundamental Freedoms and in the Revised European Social Charter."

It is a little clumsy, but it puts us right there in with the Council of Europe, where we are anyway as an NGO. However, interestingly, neither of these two documents specifically mentions the preservation of cultural differences - as a right - though the respect for cultural differences does permeate through the various articles, and Article 14 of the Convention comes closest.

"Article 14: Prohibition of Discrimination.

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status."

To say anything stronger might over-emphasise the point and even put us out of synchronisation with the rest of Europe. Exaggerated respect (as in “political correctness”) can also be a back-handed form of discrimination.

Supervision:

There’s another difference between the Ethics of the EAP and the EAC that Tim Bond also mentions: The EAC states that it is “... *the counsellor’s responsibility to ensure the quality of the work undertaken by receiving ‘adequate supervision of the counselling’.*” And yet there is no equivalent requirement by the EAP. In the “Competence” section of the EAP’s Statement, the word “supervision” is not mentioned and it may now become necessary to include this. Currently, this would be my dream, (but how realistic is this for many European countries) I think that we need some good feed-back on this point first. So, if we do need to specifically mention “supervision”, I would suggest that it is better that is suggested from within, than imposed from without.

However Principle 2.d states:

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.

and Principle 2.f states:

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.

These might just cover the issue of appropriate supervision for the moment. As mentioned, I would welcome an addition or alternative phrasing, to include the wider aspects of supervision. However this time it must come from you out there. And again, please consider the cultural differences throughout the present practice of psychotherapy in the various European countries. Often we get suggestions from one country or one modality that they find wonderful, but many of the rest of us feel are dominated by their (limited) perspective. Such are the difficulties of a European organisation. Additionally, only some of the various modalities within psychotherapy and psychotherapy in one or two countries actually implement regular supervision, or even just appropriate supervision, as a working principle about good practice and a way of developing professional competency and ethics.

The Ethics Of Different Practices:

Tim Bond, in his article, also mentions an example of: “*An innovative therapist using humanistic therapeutic methods in Southern Italy successfully assisted a professional woman with suicidal feelings while working with her informed consent and to her satisfaction. This therapy would be uncontentious within an ethic of autonomy. In contrast, an ethic of individual welfare would place the responsibility for determining the desirable outcome on the therapist rather than the client.*”

And I think he is right to raise this type of point, but the differentiation also exists within the profession of psychotherapy rather than just between different styles of therapy and counselling and (maybe) the different countries. In this sense, perhaps the EAC is more homogeneous than the EAP with more of a recognised or unconsciously conformed to central set of ethical precepts.

Here are two relatively recent book titles which indicate some these differences: *The Violence of Interpretation.* and *The Obscenity of Questions.* If we were to formulate these concepts, and that is all

they are currently, into a statement of ethical positions, we would divide and possibly decimate the emerging profession of psychotherapy - and yet we all know that a wrongly timed or inaccurate or inappropriate intervention can be experienced as violent, intrusive, disrespectful, etc. and overly invasive questions can be similarly offensive; but just one of these interventions or questions appearing in a session might be excusable. A psychotherapeutic practice in which these questions or interventions appear much more frequently might be considered (by some) to be unethical. In contrast, sometimes, that sort of intervention is what cuts through the stuck process of the client, maybe disrespecting their present 'stuckness', can be revolutionary and exactly what was needed, as the client later relates enthusiastically. Many clients also complain about psychotherapists and counsellors who are too 'client-centered' and only reflect, rather than intervene or question.

So how can we allow such instances and also protect against such times when they are "unreasonable and inappropriate" - there is a nice catch-all phrase. The phrase "reasonable and appropriate" is often used in the determination of criteria in the field of occupational health and safety, and what is significant and interesting is that the company (which might be akin to the practitioner) is required to demonstrate their actions as being "reasonable and appropriate" and that they have assessed all the risks involved - i.e. the burden of proof lies with the accused, rather than the accuser. Again, an interesting question for ethical debate and, especially, if any re-accreditation processes are considered.

In any enforcement of Ethical Principles, such as the EAP's, if a complaint were to be made and investigated, I would presume that, since the principle has been clearly stated and upheld by the organisation, there is little more that it could or should do, so it then follows that the burden of proof lies with the practitioner and so it could possibly be that when the practitioner is accused of unethical behaviour, they themselves would have to demonstrate that s/he was practising ethically and be able to justify their (contentious) actions taken, as "reasonable and appropriate" and within an accepted body of theory and practice to a group of his/her peers, and then trust that they would agree that these actions constituted reasonable and appropriate ethical behaviour.

"Reasonable and appropriate" is also the bench-mark used in civil suits of negligence, as compared with "beyond reasonable doubt" in criminal cases. So whilst this is relatively theoretical, because the EAP does not investigate complaints, the *raison-d'être* of these two articles is to encourage this type of thinking in the professional and ethical committees of member organisations.

The determination of appropriateness is often critical in such ethical dilemmas, and, behind that, there is implied a set of criteria that have been applied; a set of standards that have been assessed; conditions considered, individual and cultural differences applied etc. - and then some sort of a decision come to. (Ref: 4) That decision might be a mistake, a wrong one in retrospect, and a better examination of the background might have indicated a better decision, but there is implied a definite process of risk assessment and damage limitation that can be replicated and justified. This, it is my belief, that any statement of ethical principles has to be interpreted in its context and cannot be too prescriptive.

Recent Developments:

As we are considering some of the wider applications of ethics, the issue was also raised of the social and political responsibilities that we carry, as well as the normally assumed caring responsibilities to the client. After all, we are often helping the client, the individual, to change and to actualize their potential.

This is potentially a subversive political and social act, as we are not really supporting the social status quo, and yet we are also operating within it and within the mainstream of society. How ethical is that? How difficult is that? What too about the ethics of an appropriate level of care to the individual

according to their needs balanced with the accessibility of care to others in need? In a situation of limited resources, does care go just to the first-come; the first-served; those in greatest need; those who will benefit the most from it; or does it go to those who can pay for it? The debate about withholding medical treatment from smokers, for example, polarises this argument, but this principle can also – all too easily – be extended to working with abusers, chronic personality disorders, recidivists, etc. What are our ethical positions in situations like this?

Now, there are also some people who feel silenced by the use of language or angry at the inability to concretise anything in this shifting field and it would be unethical of me not to include these expressed perspectives as well. In a plenary session just prior to the debate we had on Ethics in Dublin, Imelda McCarthy spoke of the “Fifth Province” the area that includes the ethics of speaking and the ethics of listening. Respect, curiosity and non-pathologising language inform the former. Comments and question-posing can come from a hierarchical position of power and, if done with a supreme lack of respect, sometimes is leading the client. Pathologising language that describes people in terms of their deficits and deficiencies is working against what we often claim as the goal of psychotherapy, and thus can be considered unethical. Interpretation, or speaking for another, if done without their consent, is an oppression - though if with their specific permission, and in agreement about the timing, may be a form of advocacy.

Within the second field, the ethics of listening, she mentioned that we have to respect the differences and to become very “open” listeners. As we listen, if we are within the paradigms of the doctor, court or the social worker, we will be making diagnoses, assessments and judgments. A better model of listening is therefore to consider the privilege of being present at a co-creative experience of a person working towards a solution of their life problems. Our preconceptions and fixed ideas are thus rendered unethical in this light.

The final condition or paradigm is one of caring or love; and our task as consultants (and I hope that as I paraphrase her inadequately, I don’t do so inaccurately) is to bring forth an atmosphere of tolerance, acceptance, and love, whereby the spirit of everyone involved is cherished. So this is another perspective about the role of psychotherapy and as we consider the increasing vogue of psychotherapy for the traumatised and oppressed: what implications does this have on our profession?

“Love is at the same time the foundation of dialogue and dialogue itself. Love cannot exist in a relation of domination. Because love is an act of courage, not of fear, love is a commitment to another.”
Paolo Friere (*Pedagogy of the Oppressed*)

Ways Forward:

So, where does this leave us, within the EAP as we begin to examine the ethics of our new profession of psychotherapy. Firstly, we encourage you to get actively involved in this process. Inappropriate codes of ethics and ethical statements serve no-one.

- Please get a copy of the EAP’s Statement of Ethical Principles, either from the appendix to Part One of this article, or from the EAP website (www.europsyche.org), or from the EAP’s Head Office and please send in any suggested amendments to the EAP Head Office (Ref: 5)

Secondly, ethical statements and principles are either just words on paper, or not until they are applied actively and appropriately can they become a dynamic force for better practice and change. The European Convention and the UN Charter for Human Rights are excellent examples of this sort of application. So I encourage you, personally, and you all, collectively, as part of an organisation and a

profession, to ensure that the latter is the case: that they are applied actively and appropriately.

- Please ensure that these ethical principles and the precepts behind these and the discussion around these are all drawn into our everyday lives, thinking, assumptions, and personal and professional practice.

Additional things that you can personally do:

- Please read and study the ethical codes of the organisations you are involved in. If there are conflicts or questions, please raise these with the Ethics Committees of such organisations.
- Please ensure that you get a copy of the questionnaire and fill in the responses and get this sent back to the NAO and the EAP. (see Appendix 3)
- Please give us, those involved in Ethical Committees and Guidelines, feed-back. What may seem ideal, may be, in practice, unreal.
- Please encourage and ask for such a debate, such a level of discussion, and such a consideration of the importance of ethics within your professional association(s).

Things that you might or might not want to do:

- Please maintain watchful eyes and ears on yourself and others. Don't just close your ears and walk away from a situation because it sounds "messy".
- Please challenge colleagues appropriately (initially perhaps in the form of a questioning dialogue) about aspects of what you consider might be unethical behaviour or practices.
- Please notice that, as the social environment changes, there may arise different standards or omissions, please track these, and even make positive suggestions about these. (Ref; 6)

Things we, in the EAP, are thinking of doing, or trying to do:

- We need to start on the process of ensuring, as mentioned, that there is a degree of compliance between the EAP Statement of Ethical Principles and those of member organisations.

Now, we could "require" all member organisations to send in a copy of their ethical code, translated into one/all of the three official languages (English, German, Russian - which indicates at least one cultural bias) and then we could, point by point, examine all these for compliance; enter into correspondence with the organisation; and subsequently or eventually "require" the member organisation to make any suitable changes, alterations, omissions or inclusions, which would usually mean these would then have to be voted on for acceptance at their own AGMs. This job would also, theoretically, have to extend to their Complaints Procedure and practice (past ethical cases) of all these different member organisations. Personally, as an elected and voluntary Co-Chairperson of an Ethical Guidelines Committee, I don't feel that is our job, and neither do we want to be crucified in 45 different countries, in 30 different languages, and by 40 different methods. We also don't get paid for any of this work. So, let's think again!

What I am proposing is that we, in the EAP, firstly adopt a formulation of what should be in an Ethical Code & Complaints Procedure of any (and every) member organisation (see Appendix 2). This has been worked on and exists in a preliminary and as-yet-unaccepted draft form. Again, we would be very interested in your feed-back as this document moves forward through the various stages of acceptance.

We would then ask the Ethics Committee of each member organisation to "(self) assess" how they comply with that formulation; which parts of the EAP's Ethical Statement are not covered by their Ethical Guidelines; and which parts of their own Complaints Procedure etc. are not included, etc. etc. We could ask for all such assessments to be returned within a certain (reasonably generous) time-period and "require" that this assessment be done and that all these points are covered. (see Appendix 3)

We would also arrange for a questionnaire to be sent out to all the members of these member

organisations, i.e. to all the practicing psychotherapists in Europe, asking them to read the (translated) EAP's Statement of Ethical Principles, and to give us a simple form of feed-back. (See Appendix 4)

This is probably a two to three-year task and puts the onus fairly and squarely onto the member organisations of the EAP to do a significant piece of work. We shall see what will happen in this process. Knowing how the dynamics of how a group process unfolds can reflect the degree of status, inclusion, exclusion, cohesion, etc. within a group, this process may also reflect on the solidity of EAP as an organisation and thus the hope, or lack of it, for the profession of psychotherapy in Europe.

Conclusion:

I have tried to give a sense of one of the more important aspects of the emerging profession of psychotherapy - the ethical principles on which it is based - and how these are applied and processed, both theoretically and in practice. Please forgive my slightly irreverent style and method of writing. Most writers on ethics get very serious and this can be, or at least I find it as, quite frankly off putting. I have tried to mix theory and practice, often determined by politics and a healthy dose of pragmatism, which is not necessarily ideal but is, at least, usually fairly realistic. You may disagree with the perceptions and the opinions: which is very understandable, and you may well be right.

However, personally, I am much more interested in any disagreements in principle and with the ethical statements as published and the way forward as outlined. I have now stepped down from the guiding seat of this process and can recommend my successor, Adrian Rhodes. These methods of feed-back will have a real and deterministic effect on what happens with the EAP's Statement of Ethical Principles and how it is used and applied in the future. This has, in turn, a deterministic effect on the profession and the practice of psychotherapy in Europe.

Finally, whilst I have used Tim Bond's article as a discussion point or illustratively, let me clearly state that I hold him and his work and thinking on ethics in the highest respect. He is much more educated, and experienced, and well-read about ethics than I am and I hope that no criticism of his work has been perceived: it was not intended. This article is printed with his knowledge and with the opportunity for a rebuttal.

Courtenay Young
Co-Chairperson, EAP Ethical Guidelines Committee 1999-2004

References:

1. Based on a private summary of Kohlberg's Stages by John May, University of Illinois.
2. EAP Definition of Professional Psychotherapy: (1) The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education.
(2) The independent practice of psychotherapy consists of autonomous, responsible enactment of the capacities described in paragraph 1; independent of whether the activity is in free practice or institutional work: (see 1)
3. This is essentially a correction to Tim Bond's article due mainly to him having access only to an

earlier (first) draft of the EAP's Ethical Principles. Dr Tim Bond, Reader in Counselling and Professional Ethics and Director of EdD Programme, Graduate School of Education, University of Bristol, UK. E-mail tim.bond@bris.ac.uk

4. Perhaps relating to Beauchamp & Childress's types of moral systems, one of which is "Liberal Individualism" where morality consists in respecting other's rights: much more suited to the more humanistically-oriented counsellors. There are two basic types of rights in this category: negative ones (e.g. the right to an abortion (say) means no-one should stop you obtaining one) and positive rights (e.g. the government should provide you with one if you can't pay for it yourself.) I am assuming that the right to respect, confidentiality, etc. as a client - embodied in the ethical code - falls within this category. Beauchamp, T. & Childress, J. (1994) *Principles of Biomedical Ethics*, 4th Ed.

5. EAP Head office, Rosenbursenstrasse 8/3/7, 1010 Vienna Tel: +43 1 513 17 29; Fax: +43 1 512 26 04; e-mail: eap.headoffice@europsyche.org; website: www.europsyche.org

6. One example of this is developing ethical codes and practices for the potential growth market for internet counselling and the British Association of Counselling has done some work on these already. (<http://www.bacp.co.uk>). There is also the expanding professional input of "life coaches."

APPENDIX 2: Proposals for an Ethical Co-ordination Document: Principles and Criteria that should appear in the Ethical Codes and Complaints Procedures of an NUO/NAO or EWO/EWAO member organisation of EAP

1. General Statement of Superior Principles :

These are several statements & documents that exist already and these should be considered superior to this document, and the ethical codes and complaints procedures of NUO/NAO and EWO/EWAO organisations need to conform to these superior principles, and for this to be clearly stated:

1a. The Statutes of the European Association for Psychotherapy (EAP) require 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.

1b. There exists already an EAP Statement of Ethical Principles, passed in July 2001, which clearly establishes what is considered ethical behaviour for individual accredited psychotherapists within organisations belonging to the EAP and for the holders of the European Certificate of Psychotherapy (ECP). The Ethics Codes of membership organisations of EAP should be compatible with these.

1c. There exists the Council of Europe's European Convention on Human Rights and Revised European Social Charter. As a NGO (Non Governmental Organisation) recognised by the Council of Europe, the EAP subscribes to these and therefore, as a condition of membership of EAP, the NUO/NAO or EWO/EWAO organisation's ethical code needs to be compatible with these.

1d. There may be various laws or official regulations within the particular NUO/NAO's country which prescribe certain behaviour for professionals (viz: confidentiality, access to client records, disclosure of sexual abuse, etc.) The NUO/NAO's code of ethics should not contravene these, even if these create a conflict with the EAP's ethical guidelines.

2. Statements of Proper Behaviour :

The code of ethics of a NUO/NAO or EWO/EWAO should clearly define what is considered proper ethical behaviour for an individual psychotherapist "member" of that psychotherapy organisation: [see EAP's Statement of Ethical Principles]

2a. These statements of proper behaviour must be written as widely and as comprehensively as possible, must clearly indicate what is acceptable and not acceptable; and must cover all aspects of the individual "member's" work: and specifically should include their relationships with clients; relationships with relatives of clients and others associated with clients (eg: parent/guardians of minors); their relationship with supervisees, training relationships, any other hierarchical relationships; other professional and collegial relationships; legal and moral contracts with clients; the length and extent of therapeutic relationship; matters and issues of confidentiality; any dual relationships; group work, specialist work or special client groups, contractual, commercial work and other multi-disciplinary work; the welfare of any 'consumer' of professional services; public statements and advertising; professional assessment; and research situations; and any situations where there may be areas of uncertainty or

conflicts of interests.

2b. There should be some contract with/or commitment by the individual member (maybe, “de facto” by being a member) to the organisation’s code of ethics and a requirement of the member to conform to the process of the organisation’s complaints procedures.

2c. There should be clear consequences stated for possible results of infringements of such proper behaviour by individual psychotherapist members of the organisation and there should be indicate a graduated level of strictures or requirements, depending on the seriousness of any infringement of the organisation’s ethical code.

3. Preventative components:

Somewhere in the NUO/NAO or EWO/EWAO organisation’s code of ethics, statutes, training standards, or other official documentation there needs to be clearly stated what specific measures are being taken by the organisation and its members to ensure high standards of ethical behaviour from its members and to try to prevent occurrences of unethical behaviour. Such measures might include:

3a. requirements of its individual psychotherapist members for continuing professional education & personal development;

3b. requirements for on-going supervision or professional support appropriate to the individual psychotherapist’s circumstances;

3c. a requirement for regular re-accreditation and/or a regular self and peer-assessment process for all individual psychotherapist members (maybe once every 5 years as a minimum);

3d. a requirement to maintain up-to-date ethical awareness, possibly through post-graduate training seminars about ethics;

3e. a requirement for appropriate professional insurance;

and the NUO/NAO or EWO/EWAO organisation’s code of ethics must include:

3f. requirements in the training standards of the NUO/NAO or EWO/EWAO organisation for significant and appropriate ethical components in the training of psychotherapists;

4. Levels of support :

The work of NUO/NAO or EWO/EWAO organisation’s ethical committee should be primarily for “ethical support” for the individual psychotherapist members of that organisation. This should be done in the following ways:

4a. by being available for and helping individual members with any ethical difficulties or with ethical questions that arise in their professional work as psychotherapists without risk of any punitive action;

4b. through raising awareness, education, and re-education in the field of professional psychotherapy ethics;

- 4c.** by publishing ethical examples, developments in ethics, and informational articles about ethics in newsletters and publications belonging to the organisation;
- 4d.** by being very aware of any special ethical needs and requirements of the NUO/NAO or EWO/EWAO organisation's individual psychotherapist membership (viz: ethics of touch, working with ethnic minorities, specialist client groups, war refugees, etc);
- 4e.** by monitoring any complaints within, infractions of, and questions about the organisation's ethical code; by being aware of other unrelated ethical cases that may be significant to the members of the organisation; and by feeding this information into a regular review process of the organisation's ethical code;
- 4f.** by clarifying the composition and formation of the organisation's ethics committee, which is often either appointed by the democratically elected officers of the organisation; or democratically elected by the members of the organisation and separate from, though reporting to the officers;
- 4g.** in the event of any complaint about a member of the organisation, by providing a comprehensive complaints procedure with appropriate investigation and levels of scrutiny and an openness and fairness of implementation.

5. Complaints Procedures :

The ethical code of an NUO/NAO or EWO/EWAO organisation must state very clearly the organisation's complaints procedure. This must include information on:

- 5a.** how to make a complaint; in what form the complaint should be, and to whom the complainant should complain to;
- 5b.** whether there are any time limits from the date of the complaint, or from the date of the offence;
- 5c.** whether there is the possibility of any external or third party complaints (eg. from the partner of a client)
- 5d.** whether the onus or responsibility remains with the complainant (as in a civil court action), or whether, once the complaint is properly made and accepted, the organisation is then responsible for the further process of that complaint;
- 5e.** what the authority, the power of, and the composition of any investigative body or persons is during the processing of the complaint;
- 5f.** whether the organisation pays for the costs of any investigation and the workings of its complaints procedure;
- 5g.** what the level of responsibility of the (complained against) member of the organisation is to cooperate, to disclose information, to answer any questions put to them, and to appear at any hearing;
- 5h.** what the direction or intent of the ethics committee of the organisation is:
 - (i)** towards initial negotiations with the complainant;
 - (ii)** establishing the factual basis of the complaint and that it is a proper complaint of unethical behaviour (rather than some dissatisfaction or grievance);

- (iii) what extent of facilitation between the complainant and the (complained against) member is possible;
- (iv) what levels of support might be included for both parties, and
- (v) what extent might be undertaken towards resolution or reconciliation of the complaint in its initial stages;

5i. what outside moderation or arbitration facilities might exist and what rights the (complained about) member has for professional support and/or personal or legal representation in any part of the complaints procedure;

5j. what level of disclosure is required (client records etc), and what level of access the complainant has to material produced by the member in their defence, and visa versa:

5k. where there exist laws or regulations about psychotherapy registration in a particular country, what quasi-legal or legal power any investigation by the organisation has and might follow, considering carefully how this might affect the member's livelihood and their ability to work as a professional;

5l. there needs to be extreme clarity on the levels of evidence and where the burden of any proof lies (for example, is the member 'required' to 'prove' their innocence in the face of an unsubstantiated complaint, or does the complainant have to 'prove' the 'guilt' of the member, or if something in between, what);

5m. what are the powers, composition and limitations of any hearing or honorary tribunal set up by the organisation;

5n. whether, and how, one can complain about another member of the organisation, as a peer professional, and under what circumstances (eg unprofessional conduct, bringing the organisation into disrepute, etc) and what status, as a complainant, one might have;

5o. whether the organisation can refuse to accept the resignation of member if a complaint process is outstanding or incomplete;

5p. whether the organisation can expel the member, what rights of appeal the member might have, and to whom, and can the organisation advertise that expulsion;

5q. what the various levels of action are that might be taken as a result of a complaints procedure or that might be required by an ethics committee or a hearing or tribunal (eg. an admonition or reprimand to the member; a requirement to attend further education in ethics; a requirement for a period of closer supervision; a requirement of admission of fault or responsibility; whether any fines, costs or financial penalties can or might be imposed; a suspension or limitation of practice; or, as a last resort, expulsion and/or restriction of practice) or a publicly announced statement of innocence, or of the result of an enquiry.

6. Compliance :

Given the different languages, the number of organisations, and the complexity of some of the issues, a form of compliance for the statutory requirements (EAP Statutes: 4.1.2 & 4.1.3) (see Point 1a) has been worked out and it has been agreed by the EAP Governing Board that:

6a. the NUO/NAO and EWO/EWAO will each circulate the EAP's Statement of Ethical Principles to

all its members, in a translated version if this is appropriate: the translation to be the responsibility of the NUO/NAO. Translated versions will be included on the EAP website in due course.

6b. the EAP will require, within 12 months of this document being accepted by the Governing Board of the EAP, an officially translated and legally notarised letter of compliance in English, from the Chairperson of the Ethical Committee of the NUO/NAO or EWO/EWAO, countersigned by their President, stating that:

- (i) their organisation's Code of Ethics and Complaints Procedure currently contains clear statements about all of the EAP Ethical Principles and the criteria in this document, in a manner which is appropriate and satisfactory to their membership, and,
- (ii) where it does not, that the organisation intends to include such components within a particularly stated time period, and/or,
- (iii) where identified, they are unable to include certain specific criteria from this document in their Code of Ethics and Complaints Procedures with very clear and understandable reasons which are given in that letter.

6c. failure to supply such a letter may jeopardise the status of the NUO/NAO and EWO/EWAO organisation within EAP. In cases where there are criteria not included, as in 6.b.(iii), or in some other cases, the EAP Governing Board may decide that this is unsatisfactory, and therefore the organisation's acceptance process is incomplete, and future dialogue and negotiations will need to be conducted.

6d. this statement of compliance needs to be announced to the membership of that NUO/NAO or EWO/EWAO organisation.

6e. Ordinary organisational members of EAP, who are not NUO/NAOs or EWO/EWAOs are also advised to have, where appropriate, a code of ethics and complaints procedures compatible with the above and are also bound by the points in § 6, although, since they are not organisations which are involved in the award of the ECP, there is slightly less urgency, they must comply within 18 months of this document being accepted, and/or their membership may be of a different nature, in which case this needs to be clearly stated in their letter of compliance.

6f. Individual members of EAP, if working as a professional psychotherapist, must:

- (i) comply with the EAP's Statement of Ethical Principles, as a condition of their EAP membership, and
- (ii) join an appropriate professional association which is an organisational member of EAP, so that their professional work is conducted under a Code of Ethics and Complaints Procedure, and
- (iii) within 18 months of this document being accepted, all individually send an officially translated and legally notarised letter of commitment in English to the EAP stating that: either they are not working professionally as a psychotherapist, or that they are working professionally and that they are a member of a named organisational member of EAP, and that their professional psychotherapy work is covered by that organisation's Code of Ethics and Complaints Procedure;
- (iv) failure to supply such a letter may jeopardise their individual membership status with EAP.

APPENDIX 3: A Sample Letter of Compliance on the Co-ordination of Ethics from a (fictitious) NUO/NAO:

From the Ethical Committee of the National Association of Psychotherapists in the Federal Republic of ... “Atlantis” To the EAP President and Ethical Guidelines Committee:

Date:

In accordance with point **6a** in the Ethical Co-ordination Document, we have translated the EAP’s Statement of Ethical Principles into ‘Atlantean’ and enclose a copy of this translation both on paper and in digital format (Attachment 1).

This was circulated to all our individual and organisational members on (dd.mm.yy). Since then, (.x..) number of people have completed the survey in the form that you recommended. We attach the results of this survey (Attachment 2).

In accordance with point **6b (i)**, we believe that all the paragraphs in the EAP’s Statement of Ethical Principles are reasonably and satisfactorily covered by our current Ethics Code, except for the various paragraphs mentioned below. We attach a copy of our current Ethics Code (in “Atlantean”) and an certified translation into English for your files (Attachments 3 & 4).

In accordance with point **6(b) (ii)**, we feel that our current Code of Ethics does not contain statements that relate to the following paragraphs in the EAP Statement of Ethical Principles: [Example: Principle 1(l) and (m); 2(p) and 2(q); 3(r), (s) and (t); 4(u); 6(v) and (w); 9(x) and (y) and (z).]

We intend to include these points into our Ethics Code at our next General Meeting which is to be held on (dd.mm.yy) and propose the following motion(s) - translated into English. (Attachment 5)

However, we anticipate a possible problem with ... “3(s)” ... because, whilst we understand that in general this is an excellent principle, the situation in “Atlantis” means that this point is currently seen as for the following reasons: and However we feel that the following statements in our Ethical Principles & Code cover this aspect:

We also feel that principle 3(t) is not so relevant in “Atlantis” because of and, but this situation may change in time as we move closer to the European form of psychotherapy practice and start to include in the training of “Atlantean” psychotherapists the following curriculum points :

- (i)
- (ii)
- (iii)

In accordance with point 6(b) (iii), we feel that we cannot include Principle 1(n) into our Code of Ethics because this principle goes against paragraph 14.4.2 of the “Atlantis Law on Psychotherapy” (passed: year) which states: (quote - translated) “.....” and we feel that the principle contradicts this regulation in the following way: We do not see any way around this, at present.

Also in accordance with point 6(b) (iii), we do not wish to include Principle 2(o) into our Code of Ethics because this principle contradicts the customary practice of and in our country. We enclose an article by Prof. PPPPP and Dr. QQQQ published in the “Atlantis Journal of Psychotherapy Vol. RR,ss (mm.yy)” which illustrates this point. We feel that applying this principle in this way in “Atlantis” would be out of place in the current culture but draw to your attention to the practice of and which, we feel, compensates for this principle and safeguards the aspect that this principle appears to support.

In the EAP's Ethical Co-ordination Document, we acknowledge all the points in §1 to §4 and feel that our current Code of Ethics, the association's Ethical Committee, and the way in which it works largely complies with your requirements with the exception of 1(f), 2(g), 3(p) and (q), and 4(r) all of which we had not fully considered before and we intend to include from now on, assuming our membership agrees in the next General Meeting. We include a copy of the amended Ethical Committee procedures (in Atlantean & translated) for your files (Attachments 6 & 7).

However we feel we cannot comply with §5(w) in the section about the Complaints Procedures as the "Atlantis Ministry of Social Services Regulation XX, YY.123" requires us to instead and we feel that our current Complaints Procedures para. Z.1.2 which states (translated) "....." replaces the intent of this point for the following reasons:

We hope that you understand and accept these reasons and we are happy to discuss any of these points with you further for purposes of clarification. The Chairperson of our Ethical Committee does not communicate well in English, but the Vice-Chairperson does, and is willing to be the recipient of any further dialogue on any of these points. Her name etc. is : contact details are and she has been so mandated by our Executive Committee.

Please inform us of any recommendations of the EAP Ethical Guidelines Committee and the decision of the EAP Governing Board in relation to these points of compliance.

The text of this letter (in Atlantean) will be published in our annual Newsletter (mm.yy) and we thus draw our members attention to these significant points of difference in psychotherapy ethics if ever any of our members wish to practice in other European countries. Any European psychotherapists wishing to practice in Atlantis would need to become informed of the three significant differences in ethical practice mentioned herein and conform to these.

Signed

.....
Chairperson Ethical Committee

.....
President NAPFRA

Signatures notarised by Notary Stamp

APPENDIX 3: Survey on EAP ETHICAL PRINCIPLES document.

The EAP Ethical Guidelines Committee also recommends a method of feedback about the EAP's Statement of Ethical Principles :

1. That each NUO/NAO translates the EAP Statement of Ethical Principles into their language (see §6a in the Compliance Document above)
2. That each NUO/NAO and EWO/EWAO circulates the (translated) EAP Statement of Ethical Principles to its membership and asks their membership to fill in a simple anonymous questionnaire of answers only, as follows:

For each statement included within the EAP Statement of Ethical Principles: (on a 1 - 5 scale: 1 = Not at all: 2 = Partially: 3 = Reasonably: 4 = Quite a lot: 5 = Fully)

- A. How clearly do they understand this particular statement:
- B. How important/significant is this principle to you in your current work ?
- C. How much do you practice this principle already ?
- D. How much do you intend to realise this principle in your working life ?

Example:

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.

Answer: 2.b: A:5 B:2 C:3 D:4

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.

Answer: 2.c: A:4 B:4 C:4 D:3

3. Lists of the answers only in the format above e.g.:

Answer: 2.b: A:5 B:2 C:3 D:4

Answer: 2.c: A:4 B:4 C:4 D:3

should be returned to the NUO/NAO or EWO/EWAO central office and collected and then forwarded to the EAP Head Office, marked: "Ethics Committee Membership Survey: Country" or "Modality".

4. The results of this survey will be published by the EAP Ethical Guidelines Committee.
-