



Psychotherapy and
Counselling Federation
of Australia



PACFA

Code of Ethics



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Psychotherapy & Counselling
Federation of Australia

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1 Introduction

PACFA promotes ethical practice in counselling and psychotherapy, including clinical practice, supervision, education, training, professional development and research. The Code sets out PACFA's ethical framework for counsellors, psychotherapists, supervisors, researchers, educators, trainers and students, who make up the PACFA community. It unifies and replaces all earlier PACFA Codes of Ethics.

Clients are at the centre of PACFA's approach to ethics, as detailed in our Commitment to Clients. Ethics is apparent in the way that people conduct themselves within relationship. The quality of the therapist/client relationship directly impacts the value of clinical work. It is in the considered presence within, and in the attention given to all aspects of the client relationship, as well as relationships with colleagues, students, the profession and the broader community, that ethics is put into practice.

The PACFA Code of Ethics provides a foundation of values, principles and personal attributes on which ethical practice is built, and which are articulated in the Code as attitudes and behaviours, and as specific ethical standards.

Ethical practice begins with awareness and understanding of social, cultural and psychological influences and requires relational intelligence, sensitivity and respect. While the Code cannot guide the more nuanced, qualitative aspects of relationships, it can provide a foundation for the cultivation of shared values and principles, and standards of practice. In the face of uncertainty and complexity, ethics helps us make more sound and wise decisions, supported by self-reflection and dialogue.

Objectives

This Code has been designed to:

- Establish the ethical framework for the practice of counselling and psychotherapy;
- Identify the principles, attitudes and behaviours required for ethical practice;
- Provide clients and the wider community with clear and accessible information on the expected ethical standards in counselling and psychotherapy;
- Establish standards of practice that will support safe, high quality services for clients; and
- Develop the capacity of those who work to the Code to reflect on the ethical dimension of their practice and to make responsible ethical decisions in complex circumstances.

Application

This Code applies to PACFA Members and PACFA Registrants who practise as psychotherapists or counsellors or who work in related fields, including supervisors, educators, trainers and researchers in counselling and psychotherapy, and student members who see clients in the context of their training. PACFA Member Associations are required to have their own Codes of Ethics that align with PACFA's Code. Training institutions that run PACFA-accredited courses are required to ensure students follow a Code of Ethics within their training and the PACFA Code of Ethics may be adopted for this purpose.

Previous Codes of Ethics

This document supersedes all previous documents including:

- PACFA Code of Ethics: Ethical framework for best practice in counselling & psychotherapy 2010, 2011, 2014
- PACFA Interim Code of Ethics 2015

This document is to be read in conjunction with the PACFA Code of Good Governance 2015 and the PACFA [Professional Conduct Procedures 2017](#).

Acknowledgements

This Code was based on the APA Code of Ethics 2002, the BACP Code of Ethics 2010 and the BACP Code of Ethics 2016. PACFA gratefully acknowledges the BACP and APA for these documents.

2 Our commitment to clients

PACFA has agreed that our Members and Registrants will:

1. Put clients first by:
 - making clients the primary focus of our work with them
 - acting with care and compassion towards clients and endeavouring to do them no harm
 - avoiding conflicts of interest and not exploiting clients for financial, sexual, emotional, academic or other personal gain
 - protecting clients when we believe they may be at risk of harm
2. Work to high professional standards by:
 - delivering competent services that aim to meet clients' desired outcomes
 - practicing within the limitations of our training, experience and competence
 - maintaining our fitness to practice and never practising while intoxicated or impaired
 - maintaining our professional competence through supervision and professional development
3. Build a relationship of trust by:
 - informing clients about the nature of the counselling and psychotherapy services we offer
 - clarifying the terms on which our services are offered, including fees
 - obtaining adequately informed consent for our services from clients and respecting their right to choose whether to continue in therapy or withdraw
 - working within a clearly contracted, principled relationship with our clients
4. Respect diversity by:
 - not discriminating against clients based on their lifestyle, values, gender, age, ability, culture, religion, spirituality, sexual identity, either directly or indirectly
 - being aware of our personal values, beliefs and assumptions in relation to our diverse clients
 - being competent to work with clients if they come from diverse groups or have special needs
5. Respect confidentiality by:
 - protecting clients' privacy and upholding their rights under privacy laws
 - informing clients of their right to confidentiality and explaining the exceptions and legal limits to confidentiality
 - taking steps to prevent unauthorised disclosure of clients' personal information
6. Respect professional boundaries by:
 - avoiding dual and multiple relationships with our clients as these represent conflicts of interest
 - not engaging in romantic or sexual relationships with clients or with close members of their families both during therapy and for a period of at least five years post-therapy
 - avoiding other personal relationships with clients, former clients and their families or friends
7. Work ethically with colleagues by:
 - communicating in a professional and respectful way that upholds client confidentiality
 - ensuring referrals for clients are in their best interests and are made with informed consent
 - reporting serious cases of ethical misconduct or unfitness to practice
8. Deliver ethical supervision, if they work as Supervisors, by:
 - overseeing the work of supervisees in order to protect clients from poor practice
 - not exploiting supervisees for financial, sexual, emotional, academic or other personal gain
9. Take responsibility for self-care of the Practitioner by:
 - taking action to ensure our work doesn't become detrimental to our own health or wellbeing
 - ensuring our practice is safe by not taking undue risks to ourselves

3 Foundation for ethics

PACFA acknowledges the co-existence of a range of approaches to ethics. The PACFA Code of Ethics reflects a diversity of ethical approaches by considering the values and principles that underpin counselling and psychotherapy and the personal attributes of counsellors and psychotherapists. The values, principles and personal qualities set out in this section inform the interpretation and application of the practice standards in this Code, and in our Commitment to Clients.

PACFA values

Values are the beliefs and ideals we share about what is of value and importance. They have a significant influence on our attitudes to others, our behaviour and our communication. PACFA's values are embedded in this Code of Ethics and in PACFA's approach to clinical practice, education, professional development, supervision, member services and governance. Our values impact on and inform our relationships with clients, colleagues and the wider community.

PACFA's values include a commitment to:

- Accountability:*** We are professionally accountable for the services we provide, seeking to 'do no harm' and following all relevant laws
- Client focus:*** We focus on our clients to ensure our actions and decisions are in our clients' best interests
- Competence:*** We are competent to deliver counselling and psychotherapy services in accordance with PACFA's standards
- Diversity:*** We value and respect the diversity of clients and their families which reflects the diversity of the Australian community
- Empowerment:*** We empower clients to take responsibility for their mental health and wellbeing and to make decisions about their psychotherapy or counselling services
- Justice:*** We deal with clients fairly and ensure we follow the principle of natural justice in all decisions we make
- Human rights:*** We respect the human rights of clients and follow accepted human rights standards in the services we provide and in the way we communicate
- Integrity:*** We act with honesty, openness and authenticity in our relationships with clients and others
- Professionalism:*** We undertake our counselling and psychotherapy roles with a high level of professionalism, to ensure clients receive high quality services
- Self-awareness:*** We recognise our own values and perspectives and understand both our biases and insights and the impact of these on our clients and others

Ethical principles of counselling and psychotherapy

Principles direct attention to important ethical responsibilities. There are six key ethical principles underpinning ethics in counselling and psychotherapy. There may be circumstances in which it is difficult to reconcile all the applicable principles and a choice between principles may be required. This may involve balancing risks and resolving dilemma by choosing the path that causes least harm.

- Trust:** *Honouring the trust placed in the practitioner*
Trust is the cornerstone of the therapeutic relationship and is fundamental to understanding and resolving ethical challenges and dilemmas. Practitioners who are trustworthy act in accordance with the trust placed in them by clients. We respect clients' choices and their privacy. We understand that confidentiality is an obligation that arises from the client's trust and restrict any disclosure of confidential material revealed within the therapeutic process to furthering the purposes for which it was originally disclosed, unless there exists significant risk of harm or disclosure is required by law.
- Autonomy:** *Respect for the client's right to be self-governing*
Clients have the right to make choices about their health and care bearing in mind the concept of "dignity of risk" (see definition). To support client autonomy, Practitioners provide accurate information about services so that clients can make informed decisions about their counselling or psychotherapy. We seek informed consent from clients and engage in contracting around the services to be provided. Clients have the right to decide whether they consent to confidential information being disclosed, except where serious risks or the law warrant exceptions. Practitioners inform clients of foreseeable conflicts of interest, or as soon as they become apparent. We do not manipulate clients against their will.
- Beneficence:** *A commitment to promoting the client's well-being*
Beneficence requires Practitioners to act in the best interests of clients, based on professional assessment. We promote clients' well-being by acting with care, compassion and competence. We work within the scope of our professional training and expertise and only provide services for which we are competent. Our practice is informed by feedback from clients and current research, and we maintain competence through continuing professional development. We engage in supervision and dialogue to support the reflection, self-awareness and self-care needed to offer quality services. If a client's capacity for autonomy is diminished, acting in the client's best interests becomes paramount.
- Non-maleficence:** *A commitment to avoiding harm to the client*
Non-Maleficence requires Practitioners to endeavor to not cause harm to others through our actions or omissions. This involves avoiding sexual, financial, emotional or other forms of client exploitation, and avoiding incompetence or malpractice. Practitioners do not provide services when unfit to do so due to illness, personal circumstances or intoxication. We mitigate any harm caused to clients, even when the harm is unavoidable or unintended. We challenge any malpractice by others, and contribute to any investigation or adjudication concerning unethical practice.
- Fairness:** *The fair and impartial treatment of all clients*
Fairness involves being just and fair to all clients and respecting their human rights and dignity. Fairness involves being impartial in the provision of services for clients and the allocation of services between clients. We appreciate differences between people and are committed to equality of opportunity, and we avoid discrimination against people or groups on the basis of personal, social or cultural characteristics. We uphold laws aimed at ensuring equal and fair treatment of all.
- Self-respect:** *Fostering the practitioner's self-knowledge and care for self*
Self-respect means Practitioners apply all the above principles to themselves. We ensure our practice is safe by not taking undue risks to ourselves. We seek personal therapy and other opportunities for personal development, as well as supervision and continuing professional development for support and development in our professional roles. We hold insurance to manage potential risks arising from practice. Self-respect encourages us to actively engage in life-enhancing activities.

Personal attributes of counsellors and psychotherapists

Everyone brings their own personal attributes to their decisions and actions. These are internalised values that shape how we relate to others and to our environment, and may operate consciously or unconsciously. Our personal attributes are conveyed through our communication and behaviour in our relationships with clients and colleagues. It is beneficial to be aware of and examine our own personal attributes in order to support our ethical development.

Many of the personal attributes considered important in counselling and psychotherapy have ethical components and are worth cultivating. As ethical virtues are enacted through particular behaviours, these virtues can be taught and practised. There are twelve personal attributes to which people who follow this Code are encouraged to aspire.

<i>Authenticity:</i>	the capacity to be true to ourselves and to relate to others based on who we truly are
<i>Care:</i>	attending to and serving the needs of others and ensuring they are protected from harm
<i>Courage:</i>	making decisions and interventions that are in the best interests of our clients, despite personal discomfort
<i>Curiosity</i>	taking an active and genuine interest in, and desire to understand, the lives and experiences of others
<i>Diligence:</i>	using counselling and psychotherapy skills and knowledge effectively to achieve the desired outcomes
<i>Empathy:</i>	the ability to take the perspective of another and to connect compassionately with their experience of the world
<i>Honesty:</i>	a personal commitment to being truthful, consistent, straightforward and trustworthy in all dealings with others
<i>Humility:</i>	awareness of our own beliefs, values, strengths and limitations without needing to claim superiority or correctness over others
<i>Resilience:</i>	the capacity to work with the client's concerns, whatever they are, and to grow stronger as a result of unexpected challenges
<i>Respect:</i>	responding to and treating others as fully and equally human for who they are, and accepting, without judgement, all forms of human diversity
<i>Sincerity:</i>	a personal commitment to consistency between what is professed and what is done
<i>Wisdom:</i>	having sound judgement and insight in the practice of counselling and psychotherapy and in related fields of work

Competing ethical obligations

Practitioners will inevitably encounter situations in which there are competing ethical obligations. This Code is intended to be of assistance in such circumstances by directing attention to the variety of ethical factors that may need to be considered, and to ways of approaching ethics that may prove useful. No Code of Ethics can totally alleviate the difficulty of making professional judgements in circumstances that may be challenging and full of uncertainties. By accepting and aligning with this Code of Ethics, we are committing ourselves to engaging with the challenges of ethical practice, even when doing so involves making difficult decisions and acting courageously.

4 Ethical standards for clinical practice

PACFA is committed to sustaining and advancing best practice in the clinical practice of counselling and psychotherapy. Counselling and psychotherapy services are delivered in diverse settings. Services may be provided by independent practitioners, one or more practitioners providing services together in a practice, or practitioners employed by organisations where counsellors and psychotherapists work in multidisciplinary teams. Predominantly, counselling and psychotherapy practice is undertaken face to face, but services are also increasingly delivered by telephone and in online contexts.

1. Put clients first

- a. Practitioners are committed to making clients the primary focus of their work with them and to respecting the wishes of clients to be involved in decisions about their counselling or psychotherapy services.
- b. Practitioners build a relationship with their clients based on trust and avoid all actions that may undermine their clients' trust in them and the services provided.
- c. Practitioners avoid conflicts of interest. They avoid situations where the care of a client may conflict with their own interests such as personal, financial or professional interests. They make decisions in the best interests of clients, not for personal motives.
- d. Practitioners take action to protect clients from self-harm, from harm by third parties and from harming others, taking into account the confidentiality requirements in clauses 5d and 5e, when the risks of harm are serious enough to warrant such action.
- e. Practitioners take action to protect clients when they have good reason for believing that another practitioner is placing them at risk of harm. If appropriate, practitioners raise any concerns with the practitioner concerned in the first instance, and when appropriate with the practitioner's supervisor, manager, agency or professional association. Practitioners report other practitioners who are PACFA Members or PACFA Registrants to PACFA in appropriate circumstances (for details see paragraph 7d).
- f. Practitioners working with children and adolescents learn, understand and comply with the legal requirements in their [State or Territory](#) regarding [Mandatory Reporting](#).
- g. Practitioners participate fully in any complaints or professional conduct procedures, whether as the person complained against, or as the provider of relevant information.

2. Work to high professional standards

- a. Practitioners deliver competent services that aim to meet clients' desired outcomes.
- b. Practitioners give careful consideration to the limitations of their training, experience and competence and work within these limits. They provide information on other services and referral options if they are not able to meet the client's needs or if the client requires additional services in parallel with or instead of counselling or psychotherapy. In particular, onward referral is recommended when a client has a serious mental health issue and the Practitioner has concerns that treatment from other mental health professionals may be required.
- c. Practitioners give careful consideration to whether they are competent to work with particular client groups including:
 - children and young people;
 - couples and families; and
 - groups with particular characteristics or special needs.

- d. Practitioners monitor and maintain their fitness to practice at a level that enables them to provide safe and effective services. In particular:
- Practitioners do not practice if intoxicated.
 - They do not practice if unfit for practice due to health impairment or personal circumstances.
 - They seek the advice of their supervisor or line manager if their fitness to practice becomes impaired and, if necessary, they withdraw from practice until their fitness to practice returns. Arrangements for ongoing access to counselling or psychotherapy should be made for clients who are affected.
- e. Practitioners maintain their competence for clinical practice by:
- having regular formal supervision in order to monitor and review their work with clients;
 - keeping up to date with the latest knowledge and responding to changing circumstances through continuing professional development; and
 - reflecting on their practice through personal development activities and dialogue with colleagues.
- f. Practitioners keep appropriate records of their work with clients for the purposes of accountability, service review and case planning. Records include summaries of client sessions, emails, phone contact and web-based and SMS communications. All records should be accurate, respectful of clients and colleagues, and protected from unauthorised disclosure. For details, see to the [PACFA Guidelines for Clients Records](#).
- g. Practitioners who use technology for delivering clients services or for storing client records do so to high professional standards. Technologies such as voice/video/chat, text-messaging, e-mail and social media create new challenges of which Practitioner should be aware. Practitioners address these challenges by:
- undertaking initial and ongoing professional development as well as supervision around working with clients using new technologies to ensure they are competent to do so;
 - ensuring they are technically competent to manage their operating systems and electronic records and to use online technologies for client sessions;
 - ensuring electronic client records are protected to preserve confidentiality (see also paragraph 5h);
 - having a system to correctly identify clients as far as is feasible when offering voice or chat services; and
 - avoiding social contact with clients on social media as there are risks of disclosing personal information or impacting on the therapeutic relationship.
- h. Practitioners are aware of and understand legal requirements concerning their work, including mandatory reporting requirements (see paragraph 1f for details). They consider these requirements conscientiously and are legally accountable for their practice.
- i. Practitioners comply with any Code of Conduct as required by law in the State or Territory in which they practice. For details see the [PACFA website](#).
- j. Practitioners ensure their work is adequately covered by professional indemnity and public liability insurance.
- k. Practitioners maintain their professional registration with PACFA and meet PACFA's annual requirements for Members and Registrants.
- l. Practitioners have a duty to disclose to PACFA details of any criminal convictions or criminal investigations relating to their ethical conduct as a Practitioner, or complaints of professional misconduct. Such disclosures are required when applying for, reactivating or renewing individual PACFA membership or PACFA registration via a PACFA Member Association.

- m. Practitioners participate in professional conduct procedures in the event that a complaint is made against them to PACFA or any relevant Healthcare Complaints Entity. Practitioners also co-operate with such procedures if involved as a party or witness.

3. Build a relationship of trust

- a. Practitioners inform clients about the nature of the counselling and psychotherapy services being offered and avoid making unjustifiable claims about their services. Practitioners provide information about their way of working or therapeutic modality and respond transparently to a client's request for information about their model of practice and assessment.
- b. Practitioners are responsible for clarifying with clients the terms on which their services are being offered, including fees payable and other reasonably foreseeable costs or liabilities, the process to cancel a session and arrangements for out of session support.
- c. Practitioners take care to accurately present their qualifications, professional accreditations and professional standing to clients.
- d. Practitioners work within a clearly contracted, principled relationship with their clients. Contracts with clients clarify and set out the agreed services to be provided.
- e. Practitioners are aware of particular contracting issues to be mindful of when working with couples and families. Changes to the contract to work with one member of the couple or family individually should be carefully considered for their potential impact on the therapeutic relationship with the couple or family.
- f. Practitioners obtain informed consent from their clients to provide counselling and psychotherapy services and respect clients' rights to choose whether to continue in therapy or withdraw. Reliance on implicit consent is vulnerable to misunderstandings and is best avoided.
- g. Practitioners take into account the complexities of informed consent with particular groups of clients. In consultation with the client, carers and/or significant others, they uphold clients' autonomy and obtain informed consent within the limitations pertaining to particular clients, respecting the concept of dignity of risk (see definition) for the client. These groups include, but are not limited to the following:
- children who may be too young to have the capacity to consent independently of their parents' or carers' consent;
 - other clients with limited capacity to consent due to disability, age or other cause; and
 - involuntary clients who are legally mandated to undertake counselling or psychotherapy.
- h. Practitioners who work with couples or families recognise they have specific ethical responsibilities when working with these clients.

Practitioners are mindful when working with couples or families that:

- they have a therapeutic relationship with two or more clients simultaneously and they should treat each client with equal respect;
- there is the risk the Practitioner may be sought as an ally by one or more of clients they are working with; Practitioners are conscious of the need to manage triangulation constructively should this occur;
- clarity and transparency around the boundaries when working with couples or families requires particular attention; this means explaining that the couple or family is the 'client' in order to support relationship cohesion and integrity and highlighting contracting issues specific to working with couples and families (see paragraph 3e); and
- conflicts can arise between the needs of individuals and those of the couple or the family; Practitioners have a responsibility to help individuals enhance their development while also supporting the couple or family and ensuring that others are not harmed.

- i. Practitioners seek consent from a client prior to initiating any therapeutic process that involves any physical touch of the client including the details of any likely intervention that includes touch. For boundary issues relating to the use of touch, see paragraph 6j.
- j. Practitioners do not abuse or exploit their current or former clients' trust in order to gain emotional, financial or any other kind of personal advantage.
- k. Practitioners respond to any complaint and remedy any harm they may have caused to their clients, for example by making an apology. Practitioners discuss with their supervisor any situation in which they may have harmed a client in order to ensure that appropriate steps are taken to mitigate any harm and to prevent repetition.
- l. Practitioners provide clients with information on how to make a formal complaint about services provided, either to PACFA or to the applicable Healthcare Complaints Entity in the State or Territory where they practice.

4. Respect diversity

- a. Practitioners are aware of their personal attitudes, beliefs and assumptions in relation to lifestyle, values, gender, age, ability, culture, religion, spirituality or sexual identity, and are aware of the impact of these on the therapeutic process.
- b. Practitioners listen and communicate sensitively to affirm their clients and to communicate understanding of their issues, perspectives and concerns in the context of their lifestyle, values, gender, age, ability, culture, religion, spirituality or sexual identity.
- c. Practitioners do not discriminate against clients on any of the above grounds, either directly or indirectly. If Practitioners find themselves prejudiced towards a client, they discuss this in supervision and, if appropriate, refer the client on to another agency or practitioner.
- d. Practitioners understand the competencies and knowledge required to work with particular diverse communities or groups with special needs.
 - Practitioners are responsible for learning about, and taking into account protocols, customs and conventions and relating to human diversity and diverse social and cultural contexts.
 - Practitioners are informed of and acknowledge the history of Indigenous clients, their families and communities.
 - Practitioners follow the requirements in PACFA's [Position Statement on therapeutic support for lesbian, gay, bisexual, transsexual, transgender and intersex individuals and their families](#) and do not practice reparative or conversion therapies which are not supported or condoned by PACFA.
 - Practitioners are responsible for understanding when legal requirements override any cultural considerations and know how to proceed or where to seek advice in this regard.

5. Respect confidentiality

- a. Practitioners protect clients' privacy and confidentiality. This is paramount to create a psychologically safe environment and to maintain the trust clients place in Practitioners.
- b. Practitioners inform clients of the confidential nature of counselling and psychotherapy services and explain the limits to confidentiality. A client's right to confidentiality continues after the client's death unless there are overriding legal considerations.
- c. Practitioners take into account their legal obligations and their clients' rights under privacy legislation and any other legal requirements relating to privacy.

- d. Practitioners do not disclose personally identifiable and sensitive information about their clients and take steps to prevent unauthorised disclosure. Disclosure may be authorised in the following circumstances:
 - by client consent;
 - where there are risks to the safety of the client or the safety of a third party (if the circumstances are serious enough to justify disclosure); or
 - when required by the law.
- e. When making an authorised disclosure of a client's personal information, practitioners inform their clients of the actions they will take, to the extent that this is practicable. If possible, they obtain consent in writing prior to making the disclosure.
- f. Practitioners protect clients' right to confidentiality during supervision by ensuring information that could enable personal identification of the client is appropriately disguised.
- g. Practitioners maintain the confidentiality of clients when including confidential client material about clients in any report, publication, teaching activity or presentation. Practitioners obtain the client's informed consent in writing prior to using the confidential client material for these purposes and take care to disguise the identity of the clients.
- h. Practitioners protect the confidentiality of client records using a secure storage system, either for paper or electronic records as appropriate.

6. Respect professional boundaries

- a. Practitioners are aware of the potential power difference in their relationships with clients due to their perceived position of "authority" as a professional service provider. This may impact on the therapeutic relationship, particularly where there are differences in gender, age, culture, education or social background. Practitioners carefully consider potential power differences and ensure that they communicate with clients in ways that build their sense of personal autonomy and effectiveness in the therapeutic work.
- b. Practitioners consider their motivation for entering into dual or multiple relationships with current or former clients and the possible implications for clients.

Dual or multiple relationships are situations in which a Practitioner has two or more types of relationships concurrently or sequentially with a client. Dual and multiple relationships are seldom neutral and can have powerful impacts in the present and future that are not always easily foreseeable. They represent a conflict of interest and are therefore to be avoided whenever possible.

In situations of potential dual or multiple relationships with clients, Practitioners seek supervision and consider the possible impact of such relationships on the client's trust and on the therapeutic relationship taking into account the best interests of the client.

- c. Practitioners address strong feelings, sexual attraction or desire if any of these arise in their work with clients. Discussion of these matters through dialogue with a supervisor is essential, to support discussion with the client, if appropriate, or onward referral if necessary.
- d. Practitioners do not engage in romantic or sexual relationships with clients or with close members of their clients' families both during therapy and for a period of at least five years post-therapy. This is considered serious professional misconduct and is explicitly prohibited.
- e. Practitioners do not generally engage in romantic or sexual relationships with former clients, even when five years have elapsed since therapy ended. In the most exceptional circumstances where this occurs, the Practitioner is required to undertake extensive consultation with a Supervisor

prior to entering such a relationship. Practitioners are responsible for ensuring there is no exploitation of the client and taking into account all of the circumstances including:

- The motivation of the Practitioner for entering a romantic or sexual relationship with a former client
 - the length of time since counselling or psychotherapy terminated
 - the nature, duration, and intensity of the counselling or psychotherapy
 - the circumstances of termination
 - the client's personal history
 - the client's current mental status
 - the likelihood of adverse impacts on the client
 - the power differential between the practitioner and the client during and post the termination of counselling or psychotherapy
- f. Practitioners avoid other personal relationships with clients, former clients and their clients' families or friends. If knowledge of a close friendship or relationship with members of a client's family or their friends becomes apparent following the commencement of therapy, it is the responsibility of the Practitioner to refer the client on.
- g. Practitioners carefully consider the appropriateness of attending a client's wedding, graduation or other ceremonial occasion and should only do so, after discussion in supervision, if attendance is likely to be beneficial to the client.
- h. Practitioners avoid dual or multiple relationships, as far as possible, in their professional roles. While it is acknowledged that dual and multiple relationships are unavoidable in some professional contexts, Practitioners should carefully consider their responsibilities if the following forms of dual relationships occur:
- Directors of Training and supervision roles (see paragraph 8f); and
 - Concurrent roles as therapist and Educator or Trainer (see paragraph 8f).
- i. Practitioners working and living in small communities (e.g. rural, regional, remote or communities of interest) may have unavoidable contacts with clients in the community. In these situations, protection of confidentiality is essential.
- j. Practitioners that use touch as a therapeutic intervention are aware of the boundary issues that may emerge and which need to be addressed.
- Practitioners who use direct touch in their work with clients discuss this mode of working with the client at the beginning of therapy.
 - Practitioners seek consent from a client prior to initiating any therapeutic process that involves any physical touch and/or holding of the client. Consent should be explicit as reliance on implicit consent is more vulnerable to misunderstanding.
 - Practitioners who use direct touch do so for therapeutic purposes only. Their behaviour should not be sexually seductive or create ambiguity or confusion about sexual boundaries.
 - Practitioners do not initiate physical contact as an intervention where its purpose is to obtain sexual gratification, or could be reasonably construed by persons with a comprehensive understanding of their modality as having that purpose.
 - Practitioners who become aware that a client is initiating physical touch during a session for the purpose of sexual gratification immediately puts an end to the physical contact and seeks supervision on the matter, referring the client to another practitioner if necessary.

7. Work ethically with colleagues

- a. Practitioners conduct their collegial relationships in a spirit of mutual respect. They endeavour to establish and maintain positive working relationships and systems of communication that enhance services to clients.

- b. Practitioners' professional relationships with colleagues are not prejudiced by their personal views about colleagues' diversity which may include lifestyle, values, gender, age, ability, culture, religion, spirituality, or sexual identity. Practitioners do not discriminate against colleagues on any of these grounds, directly or indirectly.
- c. Practitioners communicate with colleagues about clients in a professional, purposeful, respectful manner that is consistent with the ethical management of clients' confidentiality.
- d. Practitioners report serious cases of ethical misconduct or unfitness to practice to PACFA if the other practitioner is a PACFA Member or Registrant. PACFA may act on such reports where it forms a reasonable belief that a PACFA Member or other Registrant has behaved in a way that constitutes a Reportable Breach (see definition) in relation to a counselling or psychotherapy-related role. This may include undertaking an investigation in accordance with PACFA's Professional Conduct Procedures or reporting the Reportable Breach to statutory authorities with an interest in the conduct of the practitioner. If information about the ethical misconduct or unfitness to practice has been provided by a client, the client is informed of the requirement of the practitioner to make the disclosure.
- e. Practitioners making referrals take care to ensure that:
 - the referral is likely to benefit the client and is in the client's best interests;
 - the referral is discussed in advance with the client and their informed consent obtained;
 - the client's confidentiality is respected and confidential information is only disclosed for referral purposes with the client's consent;
 - the referral is made to the practitioner or service that can best serve the client's needs and not merely on the basis of reciprocal arrangements between practitioners or services.
- f. Practitioners that accept a referral from a colleague, service or client, consider in advance:
 - the appropriateness of the referral in terms of whether the Practitioner has the appropriate training and experience to meet the client's needs;
 - the adequacy of the client's consent for the referral, especially in the case that the client is involuntary, a child or young person, or an adult who may lack capacity to consent;
 - potential conflicts of interest, particularly where referrals are for a client's family members.
- g. Practitioners do not offer or accept inducements for referrals or enter into arrangements that could be perceived as inducements, subject to normal commercial business arrangements for marketing of services.

5 Ethical standards for education, training and professional development

Educators and Trainers that provide counselling and psychotherapy education, training, professional development or related services are expected to do so in accordance with PACFA's ethical standards.

Many Practitioners move into training and education roles at some stage in their careers and should be aware of and follow PACFA's ethical standards for education, training and professional development. Within PACFA, Educators and Trainers may be providing counselling or psychotherapy education or training programs, as well as short courses and professional development in counselling or psychotherapy.

8. Deliver ethical education, training and professional development

- a. Educators and Trainers who provide information about their education or training programs, courses or professional development activities only provide information that accurately reflects the training offered and their qualifications.

- b. Educators and Trainers who teach and/or provide supervision within education programs only do so if they have the requisite competence and experience to do so.
- c. Educators and Trainers acquire the skills, attitudes and knowledge required to be competent teachers and facilitators of adult learning, and to undertake activities to maintain their training competence. They work within the limits of their training and expertise and when they reach the limit of their knowledge, they facilitate students and learners to access wider sources of information.
- d. Educators and Trainers treat with confidence any personal information they receive about students and learners, whether obtained directly or by inference, allowing for appropriate disclosure within a training institution in accordance with institutional policy.
- e. Educators and Trainers who teach a particular approach to counselling or psychotherapy do not denigrate legitimate alternatives to their own approach or unfairly criticise the work of other Educators and Trainers.
- f. Educators and Trainers avoid dual and multiple relationships in their training roles whenever possible in order to avoid potential conflicts of duty.
 - Ideally, Directors of Training do not provide supervision to students as this could be a conflict of interest between business and educational roles; and
 - Ideally, Educators and Trainers do not undertake concurrent roles as therapist and Educator or Trainer, although depending on the therapy model being taught, this may be unavoidable.
- g. Educators and Trainers obtain prior written consent from their clients if they wish to use their clients' personally identifiable information for training purposes. This applies to all of the Educator's or Trainer's clients, whether within or outside the education or training context.

9. Support and supervise students

- a. Educators and Trainers are mindful of the power differential that exists between them and their students or learners. They ensure that they:
 - take reasonable steps to avoid causing psychological harm to their students when delivering education or professional development services;
 - do not exploit students or learners for financial, sexual, emotional, academic or any other personal gain; and
 - set and maintain professional boundaries within the educational or training relationship.
- b. Educators and Trainers do not provide personal therapy to their students or learners, except in circumstances where this is part of the therapy modality being taught. Students and learners who require personal therapy to address personal or mental health issues are referred to appropriate services for support.
- c. Educators and Trainers do not accept or offer payments for referrals or engage in financial transactions with students apart from appropriate fees related to the education or professional development services, including fees for resource materials and supervision.
- d. Educators and Trainers do not use the work of students or learners for their own purposes without their consent.
- e. Educators and Trainers do not engage in romantic or sexual relationships with students or learners. This is considered serious professional misconduct and is explicitly prohibited.
- f. Educators and Trainers do not generally engage in romantic or sexual relationships with former students or learners for five years after the educational or training relationship has ended. Regardless, it would depend on the circumstances whether it would be appropriate to enter such

a relationship, taking into account the length of the educational or training relationship and the power differential between the Educator or Trainer and the former student or learner.

- g. Educators and Trainers are fair, accurate and honest in their assessment of students and learners.
- h. Educators and Trainers inform any students or learners who may have breached the Code of Ethics to which they are working and take appropriate corrective action.

10. Protect clients receiving services from students

- a. Educators and Trainers who are supervising students undertaking client work ensure that students and learners provide services based on the same ethical standards that apply to qualified practitioners, as detailed in the ethical standards for clinical practice in this Code.
- b. Educators who are supervising students in their client work:
 - advise students and learners to be transparent with their clients about their level of training, taking into account any institutional requirements;
 - support students to provide counselling and psychotherapy services that are safe and that students endeavour to protect their clients from harm; and
 - advise students and learners to take steps to obtain prior consent from clients if they are to be observed or recorded. This applies to direct observation and audio or visual transmission or recording.
- c. Educators and Trainers who provide training supervision balance the learning needs of students and learners with the safety and well-being of clients. They take action to protect clients if required.

6 Ethical standards for research

PACFA is committed to fostering research that will inform and develop counselling and psychotherapy practice. Practitioners are encouraged to support research undertaken on behalf of the profession and to participate actively in research studies. Ethical principles for undertaking counselling and psychotherapy research with human participants are informed by weighing up the benefits of the research to the community and the risks to participants.

The following websites provide valuable resources for researchers:

- [Federal Privacy Legislation](#)
- [The Australian Code for the Responsible Conduct of Research \(2007\)](#)
- [National Statement on Ethical Conduct in Human Research \(2007, updated 2015\)](#)
- [Values and Ethics: Guidelines for Ethical Conduct in Aboriginal & Torres Strait Islander Peoples \(2003\)](#)
- [Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics \(2005\)](#)

11. Undertake ethical counselling and psychotherapy research

- a. Researchers, Practitioners or Trainers undertaking counselling and psychotherapy research are required to do so within the provisions of this Code and any other relevant organisational guidelines of the institution.
- b. Researchers seek Ethics approval from an appropriate Human Research Ethics Committee prior to commencing data collection.

- c. Researchers undertake research with rigorous attention to the quality, value and integrity of the research aims, method and implementation.
- d. Researchers ensure the dissemination of research findings is undertaken with accuracy and integrity and protects the identity of participants, and includes strategies for disseminating results to participants, practitioners, other researchers and the wider community.

12. Protect research participants

- a. Researchers ensure the rights of research participants are carefully considered and protected, including the right to give voluntary and informed consent to participate in the research, and the right to withdraw from the research.
- b. Researchers do not deceive or mislead research participants and ensure research is conducted with transparency and integrity.
- c. Researchers take care that their research methods do not adversely affect participants. Contact details for counselling and other relevant services are provided to research participants.
- d. Researchers avoid dual or multiple relationships and conflicts of interest in their research roles and take steps to avoid these wherever possible.

7 Supervision

Supervision is a contractual, collaborative process that monitors, develops and supports supervisees in their clinical or other professional role. In clinical supervision, the central focus is on both the optimum service outcome for clients and the professional development and self-care of the supervisee. Supervision includes a formal agreement between supervisor and supervisee and the opportunity for the supervisee to present material relating their practice, to enable reflective review by the supervisee and feedback by the supervisor.

The roles of supervisors include the following responsibilities:

- Ensuring that clients are the primary focus of supervision sessions;
- Monitoring the welfare of the supervisee;
- Ensuring compliance with the relevant legal, ethical, and professional practice standards; and
- Monitoring the contracted achievements and the professional development of supervisees.

Supervision of supervisors is focussed on supervisory practice and the Supervisor is responsible for:

- ensuring the supervisee's work complies with the relevant legal, ethical and professional practice standards; and
- monitoring the welfare and professional development of the supervisee.

Supervision undertaken to support the work of a Trainer or Researcher in counselling and psychotherapy is also based on the above principles.

Supervision is a primary means by which continued professional and ethical practice is ensured. To reduce conflicts in professional duties, Supervisors should avoid dual and multiple relationships whenever possible but if this is unavoidable, it is transparently named and ethically managed.

13. Deliver ethical supervision

- a. Supervisors are responsible for maintaining and enhancing supervisees' work and for protecting clients from poor practice. Supervisors' evaluation of their supervisees' practice is contracted and made transparent.
- b. Supervisors who advise supervisees in more than one capacity maintain awareness of being in dual and multiple relationships. As far as possible, they reduce conflicts of duty by sharing roles

with other professionals. If this isn't possible, they inform their supervisees of the expectations and responsibilities associated with each role, and separate different roles in space and time.

- c. Supervisors ensure their supervision function is separate from any managerial relationship with the supervisee, whenever possible.
- d. Supervisors do not provide supervision to their spouses or partners and follow the requirements in relation to avoiding dual relationships with supervisees. The requirements of paragraph 6d and 6e apply to supervision work in the same way they apply to working with other clients. The supervision relationship is terminated if a dual or multiple relationship prevents the Supervisor from being able to objectively evaluate the supervisee's practice.
- e. Supervisors do not exploit supervisees for financial, sexual, emotional, academic or any other personal gain.
- f. Supervisors carefully consider the implications of social contact with their supervisees to ensure the supervision relationship is not compromised.

8 Self-care for counsellors and psychotherapists

14. Take responsibility for self-care

- a. Practitioners, Educators, Trainers and Researchers pay attention to their own wellbeing as this is essential to sustaining practice.
- b. Practitioners, Educators, Trainers and Researchers take action to ensure that their work does not become detrimental to their own health or wellbeing.
- c. Practitioners, Educators, Trainers and Researchers ensure their practice is safe without taking undue risks to themselves, and seek appropriate professional support as the need arises.
- d. Practitioners, Educators, Trainers and Researchers withdraw from their role if their functioning is significantly impaired. See paragraph 2d.

9 Complaints

The ethical standards contained in this Code for clinical practice, supervision education, professional development and research are matters about which complaints may be made to PACFA. Complaints must meet the requirements of PACFA's [Professional Conduct Procedures 2017](#) and can only be heard by PACFA where PACFA has jurisdiction to do so. Please refer to the Professional Conduct Procedures 2017 for information on how to make a complaint.

In the absence of a formal complaint about ethical misconduct, concerns about misconduct may be reported to PACFA. Where the alleged breach is a Reportable Breach, an investigation of the alleged misconduct may be initiated by the PACFA Ethics Committee using the PACFA Professional Conduct Procedures 2017.

10 Definitions

"Client" refers to an individual, couple, family, group or organisation receiving a service from a counselling or psychotherapy practitioner or from a student enrolled in a counselling or psychotherapy training program.

"Dignity of risk" means respecting each individual's autonomy and self-determination (or "dignity") to make choices for themselves. The concept means that all adults have the right to make their own choices

about their health and care. Health professionals may be in discussion with a client about the potential impacts of the client's decision, but the decision remains the client's (or that of the client's legal guardian).

"Educator" means a Practitioner or other professional who provides training or education in counselling or psychotherapy and includes lecturers, trainers, facilitators and supervisors of counselling and psychotherapy students.

"Learner" refers to any person participating as a learner in training or professional development activities related to counselling or psychotherapy.

"Practitioner" refers to any PACFA Member or other PACFA Registrant undertaking the role(s) of counsellor, psychotherapist, supervisor or counselling or psychotherapy student, or using counselling or psychotherapy skills, and includes Practitioners who manage counselling or psychotherapy services.

"Reportable Breach" means an ethical breach by a PACFA Member or other PACFA Registrant which involves:

- practising while intoxicated by alcohol or drugs;
- sexual misconduct with a client or close family member of a client;
- placing the public at risk of substantial harm because of an impairment (i.e. a health issue);
- placing the public at risk because of a significant departure from accepted professional standards;
- or
- any other serious misconduct that could result in de-registration by PACFA.

"Sexual relationship" means any relationship involving sexual intercourse and/or any other type of sexual activity or sexualised behaviour.

"Student" refers to any student enrolled in a counselling or psychotherapy training program.

"Supervisor" means a senior and experienced Practitioner who provides supervision of other Practitioners' clinical practice, who provides training supervision to counselling or psychotherapy students, or who supervises education, training or research activities undertaken in the counselling and psychotherapy education field.

"Trainer" means a Practitioner or other professional who provides training or professional development activities related to counselling or psychotherapy.