



BRITISH PSYCHODRAMA ASSOCIATION

ETHICS FOR PRACTICE

2008

DRAFT FOR REVIEW

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WARM UP

Introduction

This handbook has been produced to consolidate and extend previous work undertaken by members of the British Psychodrama Association (BPA). It reflects the requirements contained in the United Kingdom for Psychotherapy (UKCP) document 'Ethical Requirements for Member Organizations'. There are many terms to describe those who seek and use the services of psychotherapists'. The term '**client**' has been used throughout this handbook. For these purposes a client may be an individual, family, group, organisation or other distinct social unit.

The handbook

This handbook¹ unifies and replaces **all** earlier existing codes for psychodrama psychotherapists other than the Grievance Procedure². It is applicable to **all** categories of members (trainees, practitioners, trainers and senior trainers), other than 'ordinary' members (people interested in psychodrama), registered with the BPA who use psychodramatic, sociodramatic and/or action methods in any setting including: therapeutic, educational or other organisational. The term '**registrant**' will be used throughout to describe those to whom the code applies.

The Professional Conduct Committee (PCC)

The PCC is a sub committee, which reports to the BPA Executive. The Committee's composition and work is defined in a Governance statement, which has been ratified by the BPA executive. The Governance statement is included as appendix A. The work of the PCC complements work undertaken by other sub-committees including the Accreditation Committee.

A list of current PCC members (with brief biographical details) is posted on the BPA website: www.psychodrama.org.uk

Warming up to the issues:

Ethics are neither simple nor easy to define as different conceptions and approaches to ethics co-exist. Practising with integrity requires we take account of ethical frameworks and Codes of Practice whilst also acknowledging that 'real life' practice often presents messy moral dilemmas on a daily basis. Further, different theoretical approaches or therapeutic

¹ This handbook and the section (complaints) for clients has been circulated to all registrants. Both are also available on the BPA website. Further copies of either and / or any updates will only be available electronically.

² The Grievance procedure concerns grievances employees or members of the BPA may have about the conduct of officers, members or the administrator. These are the province of the BPA executive. Any grievances covered by the procedure to be directed to the chair of the association.

traditions shape the nature of what is or is not judged to be appropriate ethical practice. Adopting a robust, practical and reflective approach to ethical issues requires more than a cursory reading of codes. It is based on an ongoing engagement with ethical concerns and a thorough understanding of policies and procedures to protect clients and registrants. This handbook will hopefully contribute to the continuance and consolidation of robust ethical practice by all registrants. It is intended to inform all aspects of practice as it seeks to raise awareness of, and questions about, ethical practice as well as specifying the procedures that apply if a client believes a registrant of the organisation has acted unethically.

Before reading further please consider the following questions.

- To what extent was or has the explicit integration of teaching about ethics been part of your psychodrama, sociodrama or action methods training?
- What opportunities do you have to routinely review ethics for your practice through discussion and debate?
- When did you last read or refer to any or all of the documents associated with ethical practice within the organisation?
- When did you last read anything (other than organisational codes) about ethics for practice?

Background reading

For those who want to undertake further reading:

- Bond, T. (2000) Responding to Complaints. In: *Handbook of Counselling and Psychotherapy* (ed. C Feltham and I Horton). Sage: London.
- Bond, T. (2000) Legal and Ethical Dilemmas. In: *Handbook of Counselling and Psychotherapy* (ed. C Feltham and I Horton). Sage: London.
- MacFarlane, B. (2004) *teaching with integrity. the ethics of higher education practice*. Routledge Falmer: London.
- McLeod, J. (2003) *An Introduction to Counselling*. Open University Press: Buckingham. (Chapter 15: Morals, values and ethics in counselling practice).
- Moreno, J.D. (1994) Of morals, ethics and encounters. Psychodramatic moral philosophy and ethics. In: *Psychodrama Since Moreno* (eds. P Holmes, M. Karp and M. Watson). Routledge: London.

ACTION

Registrants are responsible for their conduct. General principles underpin all practice. These include:

- Promotion of freedom of speech and human rights
- Commitment to anti-discriminatory practice
- Awareness of, and commitment to challenging, oppression and discrimination
- Awareness of and respect for the integrity of professional colleagues

Code of ethics and practice

Introduction

Clients are entitled to expect the highest standards of ethical practice when receiving services from BPA registrants. This Code articulates standards expected of registrants (generally) as well as those associated with client work, supervision or training (specifically). Registrants **must** (at all times) **ensure** they accurately represent themselves in terms of their professional qualifications, experience and membership of organisations or institutions to which they belong.

All registrants must provide information for clients that reflect the principles articulated in this Code. This may be a copy of the Code itself or a document generated to meet the needs of particular client groups³. Further, supervisors and trainers must ensure those they supervise and/or train have access to and understand the content of the relevant sections of the Code.

1. General standards

1.1. Registrants should at all times be mindful of the integrity and welfare of the people they work with and take all reasonable steps to ensure that their welfare is protected. This means registrants need to:

- ensure all their work is grounded in humanistic principles, which acknowledge the integrity and value of all people
- be aware of the potential impact of oppression (e.g. associated with gender, ethnicity, sexuality, disability or age) **and** power within interpersonal interactions between client and registrant
- take responsibility for exploring and challenging internalised prejudices that may affect the way they practice

³ The PCC recognises that providing the Code may not be meaningful to some clients as they not find it helpful to read or understand. Registrants need to carefully consider the needs of clients and provide information in suitable formats.

- challenge, where appropriate, prejudices and/or discrimination by peers (e.g. as trainees) or practitioners (e.g. within supervision)
- Ensure they work in an impartial and respectful way whatever role they hold (therapist, trainer or supervisor)
- Seek informed consent at every stage of their work, particularly should conditions or terms vary
- Ensure they do not in any way intimidate or exploit those they work with (e.g. financially, sexually, physically or emotionally)
- Engage with appropriate education, training and professional development opportunities at all stages of their career (from the point of registration as a trainee up to and including achieving senior trainer status).

1.1.2. Registrants must not mis-represent themselves. Specifically:

- Once entered on the training register, psychodrama trainees can use the title Trainee Psychodramatist or Trainee Psychodrama Psychotherapist. Similarly sociodrama trainees can use the title Sociodrama Trainee or Trainee Sociodramatist.
- Only registered practitioners may use the title Psychodramatist/ Psychodrama Psychotherapist or Sociodramatist.
- Only those who have completed appropriate assessed additional training and are accredited by the BPA can use the term Psychodrama or Sociodrama Trainer

A member of the Association found using titles other than in accordance with the above guidance would have contravened the Code of Practice.

1.2. Registrants must ensure that the BPA is not brought into disrepute.

1.3. Any advertisement by a registrant should present a clear unambiguous statement of services they offer.

1.4. All registrants must ensure that they have adequate Professional Indemnity Insurance.

1.5. Registrants have the responsibility to acknowledge research and where appropriate initiate, assist or participate in extending professional knowledge and understanding.

1.6. Qualified registrants must undertake continuing professional development to meet registration requirements and to maintain good practice.

1.7. Registrants should be aware of professional boundaries (e.g. with regard to sexual conduct) and ensure appropriate boundaries are maintained at all times (e.g. a supervisor should not enter into sexual relationship with those they supervise).

- 1.8. Registrants need to ensure they do not use their professional work primarily to satisfy their own emotional needs.
- 1.9. Registrants must recognise the limits of their professional/personal boundaries and seek assistance if their boundaries are in danger of being breached.
- 1.10. Registrants should not practice if their mental or physical ill health is liable to have a detrimental effect on their clients. This includes the misuse of substances that may be detrimental to professional practice.
- 1.11. Registrants concerned that a colleague's conduct breaches the professional standard expected of a registrant should bring it to the attention of the Chair of the PCC.
- 1.12. Registrants accept that they may be required to counsel and support another registrant against whom a complaint has been made to the PCC (refer to complaints procedure).
- 1.13. Registrants should be aware of, and comply with, Data Protection legislation.
- 1.14. Anyone who wishes to pursue a complaint against a registrant must do so using the BPA complaints procedure.
- 1.15. Registrants understand the Professional Conduct Committee (PCC) is empowered to undertake an inquiry following a complaint being made about them (details of the conduct and possible outcome of any inquiry are documented in the complaints procedure).
- 1.16. Registrants who are training or supervising registrants accept that they will be required to deal with alleged breaches of the Code if the occasion arises. They will ensure they do so in a sensitive and respectful manner.
- 1.16. The resignation of a registrant will not prevent an investigation of an alleged breach of the Code that took place during their membership of the BPA.

2. Specific: Client

2:1 Confidentiality

2.1.1 The registrant should discuss confidentiality (including reference to this Code) with clients **before** they engage in therapeutic or any other form of action work.

2.1.2 Registrants will treat as privileged all information about a client, however generated, unless the client specifically agrees that information is communicable to another party or parties⁴.

2.1.3 Communication of confidential information is permissible under the following circumstances:

- In discussions with the registrants identified supervisor or supervisors⁵
- When an individual (including a group member) has reason to believe that a breach of professional conduct has taken place, which they may then discuss with the chairperson of the Professional Conduct Committee.
- With other professionals directly involved with the client (with the client's permission).
- When writing or teaching others
 - the information should be presented in such a way that the client's anonymity is carefully preserved
 - consent should be sought wherever possible.

2.2 Remuneration

2.2.1 Registrants in private practice must not offer a commission, fee or privilege to any person making a referral.

2.2.2 Registrants must not use information received in the course of their relationship with clients or trainees for personal gain.

2.2.3 Registrants in private practice must ensure any contract clearly sets out terms: fees charged; payment method; any special conditions that apply.

2.3 Contract

2.3.1 Registrants must obtain a clear written or verbal contract before commencing work.

2.3.2 The client and registrant must review the contract at regular intervals to ensure that the client's welfare remains paramount.

⁴ The registrant may, after careful consideration of information received, believe the client, another individual or society generally could be in danger of serious harm. Under these circumstances information can be shared with appropriate authorities or other professionals (see especially appendix B - Child Protection Guidelines). Further, a Court Order to reveal information regarding a client may take precedence over this Code. In such circumstances the registrant will need to carefully consider the consequences of failure to provide information and, where appropriate, seek legal guidance.

⁵ Registrants may receive individual or group supervision. The registrant needs to clarify with the client (or clients) what form their supervision takes and provide the client (or clients) with details of the supervisor (or supervisors)

2.3.3 The registrant must ensure that appropriate time and attention is given to the conclusion of the contract.

2.4 Boundaries

2.4.1 Registrants will give attention to the physical environment in which they work with clients ensuring it is appropriate and safe.

2.4.2 Registrants working for an agency, institution or other employer should observe the highest standards of safety and concern for the well-being of clients, whether or not they conform with those of the institution, agency or employer's standards should they be lower.

2.4.3 Careful consideration, and discussion in supervision, should be undertaken before entering into a social relationship with a client.

2.4.4 Careful consideration, and discussion in supervision, is required where multiple role relationships exist or arise with a client (e.g. colleague and client).

2.4.5 At no time should a registrant enter into a sexual relationship with a client.

2.4.6 A registrant should not enter into a sexual relationship with a former client until an interval of at least 12 months has elapsed (from the end of the therapeutic contract).

2.4.7 Registrants should inform a client of any aspect of the therapy that might affect their therapy (e.g. use of videotape, other recording systems, two-way mirrors). The registrant must obtain clear, informed written consent⁶ from all participants involved in recorded or observed sessions. Registrants must inform clients that they have the right to withdraw their consent at any time. (appendix C).

2.5 Professional conduct

2.5.1 Registrants should regularly review therapeutic work with the client and supervisor.

2.5.2 Registrants must keep adequate and legible professional records⁷. Registrants must keep their confidential records secure and take steps to restrict access to their records if they work in an institution.

⁶ The needs of people who may not be able to read/ write, have specific communication needs (e.g. due to physical disability) and those who speak English as their second language need to be considered when obtaining informed consent – for example, other formats may be used.

⁷ Records include audio, visual and electronic material, as well as written records.

2.5.3 Registrants must ensure clients are aware of the following: ownership of records; storage of records; access to records.

2.5.4 When dealing with psychosexual issues, registrants should treat with appropriate caution the re-enactment of those specific events where inappropriate sexual activity was involved. In particular, where there has been sexual abuse; any technique should be carefully selected to minimise the possibility of compounding the abuse.

3 Specific – Training

3.1 Trainers have a dual duty of care to their trainees and clients receiving a service from a trainee.

3.2 Trainers are responsible for ensuring that trainees are competent in practice by the end of their training.

3.3 The primary purpose of training is training not therapy. Trainers must treat personal information with sensitivity and may direct a trainee to undertake a further period of therapy if they can demonstrate that unresolved personal issues are impeding training progress.

3.4 Personal information disclosed as part of a trainees' training will be treated confidentiality except:

- Where it appears a trainee has breached BPA ethics for practice
- Where a complaint has been made against a trainee
- With a trainee's permission
- Linked to assessment and/or evaluation for training purposes
- Where a trainer believes the trainee, another individual or society generally could be in danger of serious harm

3.5 Trainers must model role boundaries and should not offer trainees personal therapy or supervise them whilst they are in training.

3.6 Trainers must provide comprehensive pre-course information – for example, selection procedures, course requirements, assessment, costs.

3.7 Trainees and trainers are jointly responsible for the trainees learning and must monitor and review progress at regular intervals.

3.8 Trainers need to work with trainees to ensure they identify appropriate practice opportunities and supervision when undertaking the practice elements of their training.

3.9 Each training organisation will publish a grievance, complaint, disciplinary and appeals procedure for trainees.

3.10 Trainees must comply with requirements to progress and qualify.

3.11 Should a trainee not be satisfied with the way a trainer or training organisation has discharged their responsibilities and has exhausted internal processes they may then refer to the BPA Accreditation Committee, the appropriate section of the UKCP and ultimately, if necessary, the Governing Body of the UCKP.

3.12 Training organisations must not accept a client (or former client) as a trainee until a period of 12 months has elapsed from the end of their previous contact with any trainer associated with the Training Organisation.

4 Specific – Supervision

4.1 Supervisors have a dual duty of care to their supervisees and clients receiving a service from those they supervise.

4.2 Supervision offers a specific contracted forum within which supervisees can explore, review, monitor and assess their practice on a regular basis.

4.3 Supervision can take different forms⁸, including:

- One to One Formal (regular with an identified supervisor)
- Group Formal (regular with identified supervisor/s)
- Peer Formal (regular structured meetings with a peer)*
- Peer Group Formal (regular structured meetings with peers)*
- Consultative Support Informal (ad hoc, needs led, consultation with an appropriate supervisor)*
- Collegial Support Informal (ad hoc, needs led, discussion with a peer or peers)*.

4.4 Supervision may contain elements of personal development, training or line management but it is not primarily intended as such

4.5 Supervision needs to consider and take account of the setting within which the supervisee practices.

4.6 Supervisors must agree terms and conditions with supervisees, which address key issues including: confidentiality; safety (of clients and supervisees); acceptable standards of practice; frequency and duration of supervision; remuneration; roles and responsibilities; potential role conflict; disagreements and how these may be resolved. Where the supervisee is a trainee terms and conditions should also include clarification of the supervisor's accountability to the supervisee and the training organisation.

⁸ Supervision forms identified with an * are not suitable for trainees. They are also unsuitable as the sole form of supervision for newly qualified practitioners (less than two years post qualification). Finally, all registrants, even if they engage in these forms of supervision, must also ensure they access formal supervision on a regular basis.

4.7 Personal information disclosed as part of supervision will be treated confidentiality except:

- Where it appears a supervisee has breached BPA ethics for practice
- Where a complaint has been made against a supervisee
- With a supervisee's permission
- As agreed when a supervisee is a trainee
- Where a supervisor believes the supervisee, another individual or society generally could be in danger of serious harm

4.8 Supervisors must model appropriate role boundaries and must not offer supervisees personal therapy.

4.9 Where a supervisee is receiving supervision (from a UKCP or BACP registered practitioner) who is not qualified in their modality, additional supervision must be arranged that addresses specific issues associated with work as a Psychodramatist or Sociodramatist

4.10 Supervisors should draw attention to any impairment of supervisee functioning (e.g. due to health or other personal reasons) and ensure the supervisee takes action to address any identified issues. This may include recommending the supervisee seek personal therapy. Further, supervisors must ensure supervisees address positive and negative perceptions and feelings towards clients.

4.11 Supervisors must ensure they are competent to supervise and address any issues that may affect their supervisory capacity – for example, changes in personal circumstances.

4.12 Where disagreements arise that cannot be resolved the supervisor should consult with either their own supervisor to identify routes to informal resolution and/or may engage the help of a peer to seek informal resolution through facilitation. Where irreconcilable differences have arisen the supervisee can be referred to, or seek, another appropriate supervisor.

Complaints Procedure

Revised May 2007

Section A - General Principals

The BPA will receive complaints against a Registered Member of the BPA who appears to be contravening the Code of Ethics and Practice. Anyone can bring a complaint, either on his or her own behalf or out of concern for another client.

A.1 Conciliation

The intention is that this procedure will be, wherever possible, conciliatory and constructive. It is not a quasi-legal process. It is not intended to be punitive, though the procedure does include the possible use of some sanctions, which should normally be viewed as a last resort.

A.2 Registrant complained against: rights and responsibilities

Registrants against whom a complaint is made have a responsibility to discuss the complaint with a supervisor and to inform their insurer. In any inquiry they have a right to have someone accompany them who can act as an advisor and who can provide support, but who is not an advocate.

A.3 Complainant: rights and responsibilities

Time Limits: Complaints should be brought to the attention of the PCC as soon as possible, in general within three years. Complainants have the right to seek a supporter for the duration of the inquiry. In exceptional circumstances, the complainant can seek advice from the PCC to find a suitable supporter.

A.4 Complainant and registrant: rights and responsibilities

Both parties have a responsibility to follow these procedures. This includes provision of all documentation needed by the PCC to facilitate inquiries. Both parties have a right to seek legal and other professional advice. Other than in exceptional circumstance, both parties will be responsible for their own travel and other expenses.

A.5 The Professional Conduct Committee: rights and responsibilities

The PCC has the right to inquire about any complaint brought to their attention and it has a responsibility to do so impartially, following these procedures.

A.6 Appeals

At the completion of the inquiry process, both parties have the right to appeal under the Association's Appeal Procedure.

Section B - BPA Procedure for the Adjudication of Complaints

B.1 First stage

B1.1 The complainant should try, if possible, to deal directly with the person(s) involved concerning the alleged breach of the Code of Ethics and Practice and attempt to clarify and settle the issue.

B1.2 Failing the above, the complainant should attempt to settle the grievance in the presence of a third (or more) impartial individual(s).

B1.3 Failing the above, the complainant should present their concern to the Chair of the PCC of the BPA, who will then provide information about the Complaints Procedure.

B. 2 Second stage

B2.1 On receipt of an expression of concern, the Chair of the PCC will clarify with the complainant what steps have been taken to resolve the matter with the Registrant.

B2.2 If appropriate, the Chair will advise the complainant that they have a responsibility to seek resolution and/or attempt mediation before a complaint will be accepted for inquiry by the PCC.

B2.3 Complaints against trainees should initially be referred to their training organisation.

B2.4 Complaints against training organisations should initially be dealt with under that organisation's complaints procedure.

B2.5 When the PCC receives a complaint on behalf of someone else (a third party complaint) the Chair will write to the relevant Client to clarify if they wish to pursue the complaint on their own behalf. If they choose not to proceed on their own behalf, the third party still has the right to pursue their concern with the PCC, using their own material.

B. 3 Third Stage

B3.1 If, after stages 1 and 2 have been followed, the matter has not been resolved the complainant should inform the chair of the Chair of the PCC who will send a copy of the Code of Ethics and Practice and Complaints Procedure to the complainant. The complaint should then complete and return a Complaints Form (see Appendix A).

The Form allows the Client to clarify:

- What they wish to complain about .
- Which clauses of the Code of Ethics and Practice they believe the Registrant has broken.
- What steps they have already taken to resolve their concern.

Completion also confirms the complainant understands:

- The PCC and the Registrant will need to view all relevant documentation as part of the inquiry.
- The Registrant will receive copies of all documents received by the PCC.
- All relevant documents received from the Registrant will be forwarded to the Complainant..

B. 4 Fourth Stage

This stage will be followed after the Chair of the PCC has received a complaint.

B4.1 The Chair confirms receipt of the form to the Client and tells them the dates of PCC meetings. The Chair also recommends to the Client that they find suitable support to help them throughout the Complaints Procedure.

B4.2 The Chair advises the Registrant that a complaint has been received by the PCC and forwards the Complaint Form and Complaints Procedure to them. The Chair informs them that they have a responsibility to notify their insurer and supervisor and also gives them the dates of PCC meeting. Further, the Chair recommends that they find a suitable person to support them throughout the Complaints process.

B4.3 The Chair circulates the complaint form to all members of the PCC.

B4.4 The Registrant is required to confirm receipt of the complaint, in writing, within 14 days. If this is not received, the Chair will seek other methods of contacting the Registrant.

B4.5 The Registrant is required to respond to the complaint in writing within 3 months.

B4.6 When the PCC has received the Registrant's response; the matter is heard at the next PCC meeting. At this meeting the committee considers all the information and will come to one of three outcomes:

B4.6.1 the PCC decides that there is no case to answer, which falls within their remit.

B4.6.2 the PCC decides that there is a case to answer, which falls within their remit.

B4.6.3 the PCC decides that further information is required before a decision can be made.

B4.7 If there is no case to answer, the Chair of the PCC writes to advise the Client and the Registrant simultaneously and the matter is closed.

B4.8 If there is a case to answer; the Chair of the PCC informs both parties that a formal inquiry will follow.

B4.9 If further information is required; the Chair of the PCC will seek clarification of any issues raised and state a suitable time scale within which the information should be provided. This information will be circulated to the PCC members, who will then vote on whether there is a case to answer or not. The Chair will then proceed as per 4.8 or 4.9 above, as appropriate.

B. 5 Fifth Stage

B5.1 If there is a case to answer the PCC will appoint an Inquiry Panel and notify the Chair of the BPA. The panel will be made up of PCC members and/or co-opted others. PCC and co-opted members must declare any matters that they believe may lead to a conflict of interests prior to panel membership being confirmed. Should any PCC member be deemed to have a conflict of interest they will not be part of any further discussions or decision-making regarding the complaint.

B5.2 Panel members will interview the Registrant and the Client independently based on areas of concerns identified by the PCC. All interviews will be recorded and the tapes transcribed for the purposes of accurate reporting. Where agreed panel members may also approach relevant parties who the PCC believe have information to aid their decision-making. The Inquiry Panel will make every attempt to view all relevant and original documents.

B5.3 The Inquiry Panel will compile information and write a report for the PCC. This will include a range of options for the PCC to consider. This process should normally be completed within a six-month period.

B. 6 Sixth Stage

B6.1 At least one member of the Inquiry Panel will present the report to the PCC. The PCC will deliberate and make a decision as to whether any or all parts of the complaint are upheld.

B6.2 If the PCC decides there has been a breach of the code they must provide a report to the Executive. The report will not name the Registrant but will include:

B6.2.1 details of the process of inquiry

B6.2.2 findings

B6.2.3 recommendations.

The Recommendation section must detail whether the outcome is that the Registrant should:

B6.2.3a Receive a warning with or without a recommendation that the Registrant must seek supervision and/or therapy and/or training for a specified period

B6.2.3b Be suspended from the register for a designated period prior to re-applying for re-registration

B6.2.3c Be removed from the register.

B6.3 The Chair of the BPA will liaise with the Secretary and a letter will be sent to the Registrant to inform them of the decision. The letter will be based on the information contained in the PCC report.

B6.4 The Registrant has the right to appeal in writing within 3 months of receiving the letter from the Secretary.

B6.5 The outcome of the inquiry will only be reported once the appeal period has lapsed. Warnings will not be reported in the BPA newsletter or to the UKCP. Any suspension or removal from the register will be reported to: the UKCP, any other relevant professional organizations that the Registrant is a member of and in the BPA newsletter. All sanctions are intended to maintain safe practice however where the sanctions of suspension or deregistration are applied reporting outcomes contributes to protection of the public.

B6.6 This stage should normally be concluded within 6 months. However, this period may be extended where there are extenuating circumstances. The Chair of the BPA will be notified should this be necessary.

B. 7 Appeal

B7.1 The Appeal Procedure applies to a Registrant who has had a case upheld against them. The Registrant may appeal within 3 months of the receipt of the Executive Committee decision. This appeal should be made to the Chair of the BPA in writing. The Registrant complained against may appeal on the following grounds:

B7.1. 1 There is new information that has come to light since the completion of the investigation.

B7.1. 2 There was a significant procedural flaw, which may challenge the inquiry outcome.

B7.1. 3 The Registrant considers the severity of the sanction to be excessive.

B7.2 The Registrant writes to the Chair of the BPA detailing the grounds for their appeal.

B7.3 The Chair of the BPA convenes an Appeal Panel and nominates the Chair. The members of the Appeal Panel include:

- A senior member of the BPA who has not been involved in the complaint procedure.
- Two senior practitioners from the HIPS section of the UKCP.

B7.4 The Chair of the BPA notifies the Chair of the PCC that an appeal has been lodged and the Chair of the PCC forwards all documentation to the Chair of the Appeal Panel.

B7.5 The Chair of the BPA informs the Registrant of the composition of the Appeal Panel.

B7.6 The Appeal Panel will meet within 3 months. The panel will decide whether there are grounds for appeal and how to proceed. Where there are no grounds for appeal, the Chair of the Appeal Panel writes to the Registrant informing them that their appeal has not been upheld, copy to the Chairs of the BPA and the PCC.

B7.7 Where the Appeal Panel agrees that grounds for an appeal exist, the Chair of the Appeal Panel convenes an appeal meeting. The Registrant must attend this meeting. A support person may accompany them, if they so wish.

B7.8 The Appeal Panel may require further information from the PCC to help them reach a decision. The Chair of the PCC in written form can supply this. It may be supplemented by attendance at a panel meeting of the PCC Chair or their chosen representative.

B7.9 The Appeal Panel reaches a decision, which they report in writing to the Chairs of the BPA and the PCC and the Registrant. The outcomes the Appeal Panel may reach are:

B7.9. 1 Reject the appeal, confirming the previous decision and outcome.

B7.9.2 Accept the decision but vary the sanction: that is, to increase or decrease the severity of the sanction.

B7.9.3. Reject the outcome and order a new inquiry on the grounds that new information has been presented or there were significant procedural flaws, which may challenge the inquiry outcome.

B7.9.4. In extreme circumstances, quash the outcome and rule out a new inquiry on the grounds that previous procedures were prejudicial to a fair inquiry.

7.10 Any new inquiry should take account of all information already gathered. The outcome of the new inquiry is submitted to the Appeal Panel for final adjudication, after which the Chairs of the PCC and the BPA and the Registrant will be informed in the usual way.

Please see Appendix B for flow chart summarising the processes outlined below.

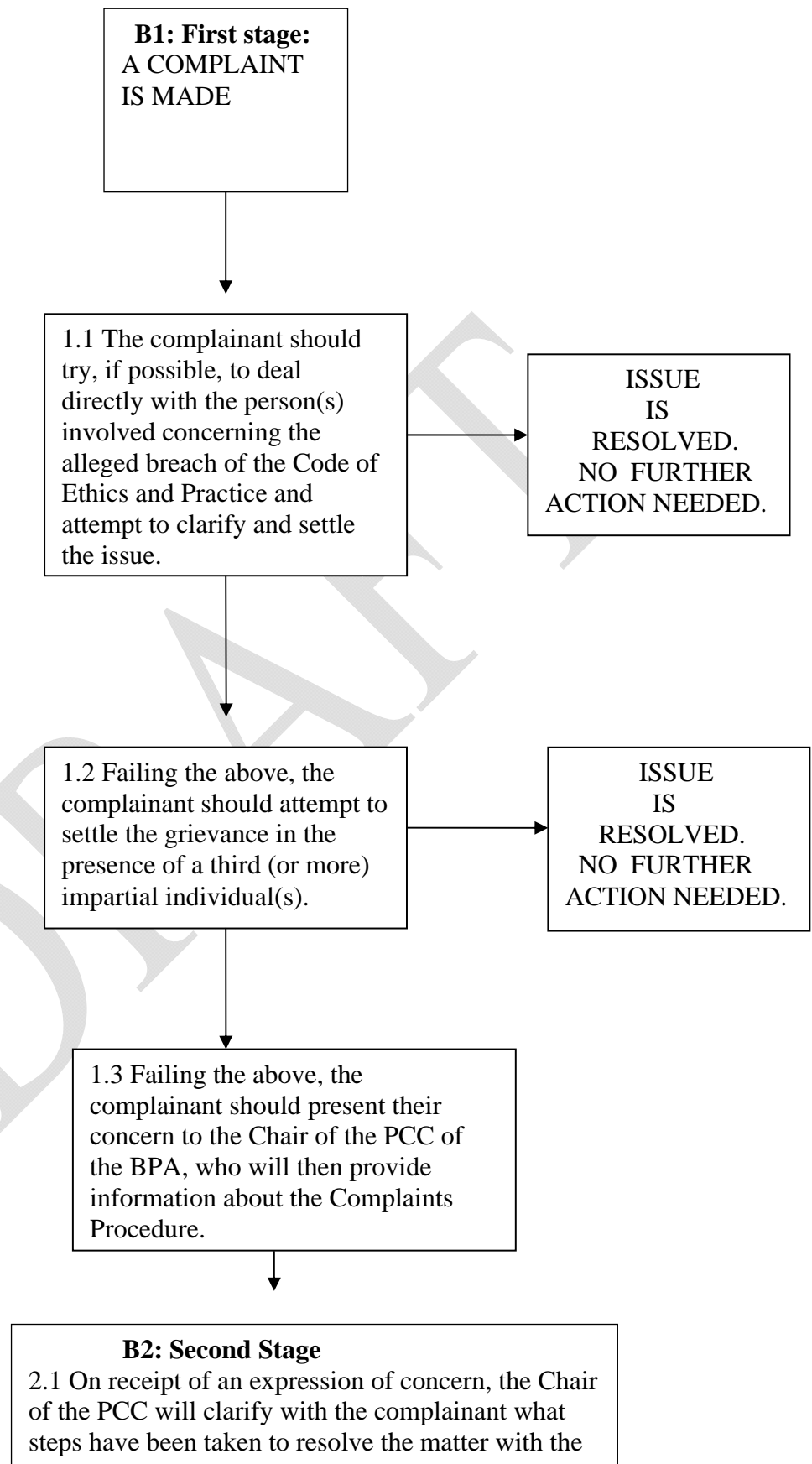
Appendix A: BPA Complaints Form (<u>please complete all sections clearly</u>).	
Complainants Name	
Complainants Contact Address	
Complainants Telephone Number	
Complainants Email Address (if available)	
Registrants Name	
Brief statement detailing events complained about	
Please identify which clauses of the Code of Ethics and Practice you think the registrant has breached (e.g. 1.1. add details).	
Please outline what steps you have taken to resolve your concern (please ensure you include details that confirm the stapes you have taken to deal with matters as outlined in stages 1 and 2).	

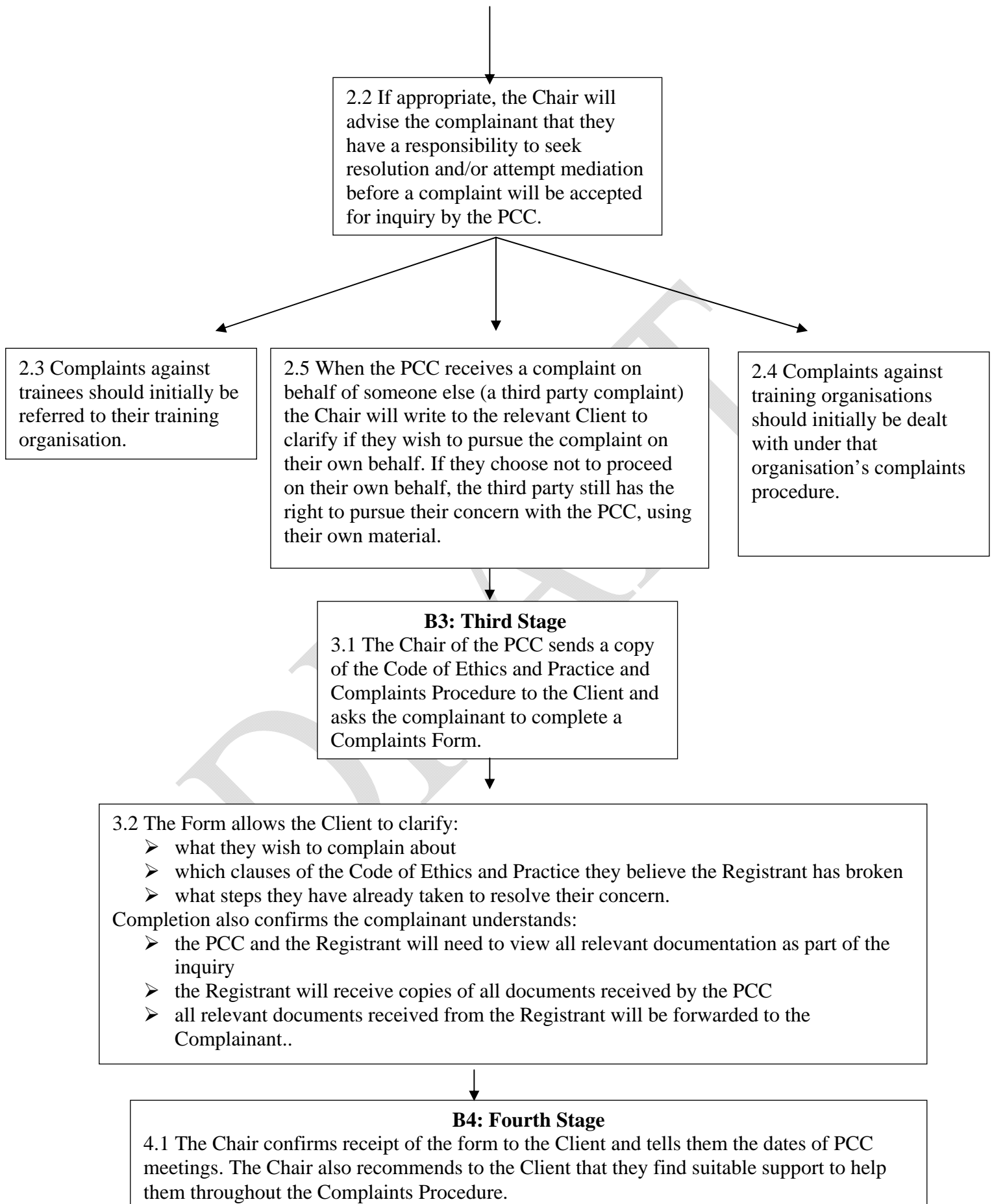
I (insert name) understand that:

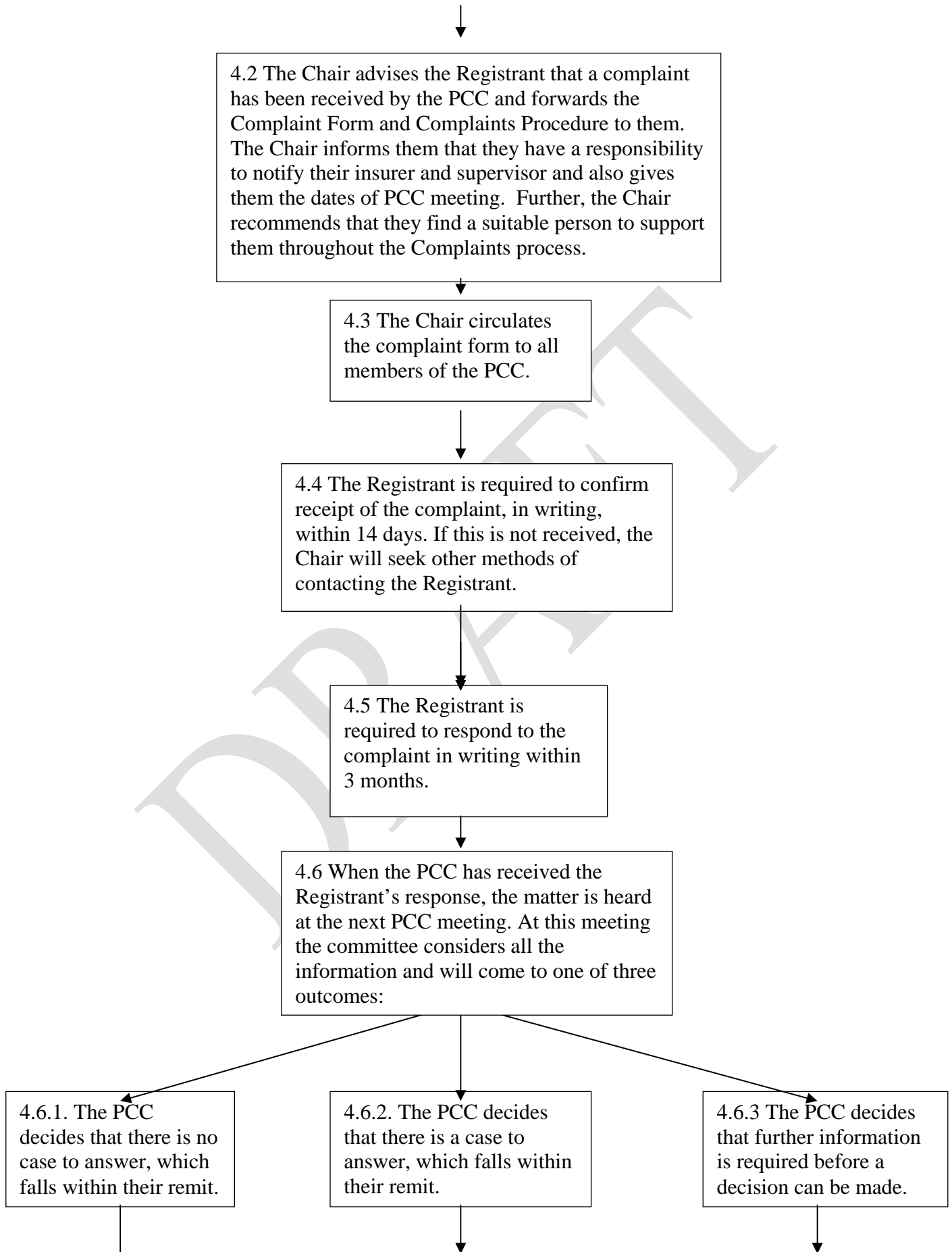
- the PCC and the Registrant will need to view all relevant documentation as part of this inquiry
- the Registrant will receive copies of all documents received by the PCC
- all relevant documents received from the Registrant will be forwarded to the Complainant

Signed Date

Appendix B: Flow Chart







4.7 If there is no case to answer, the Chair of the PCC writes to advise the Client and the Registrant simultaneously and the matter is closed.

4.8 If there is a case to answer, the Chair of the PCC informs both parties that a formal inquiry will follow.

4.9 If further information is required, the Chair of the PCC will seek clarification of any issues raised and state a suitable time scale within which the information should be provided. This information will be circulated to the PCC members, who will then vote on whether there is a case to answer or not. The Chair will then proceed as per 4.7 or 4.8 above, as appropriate.

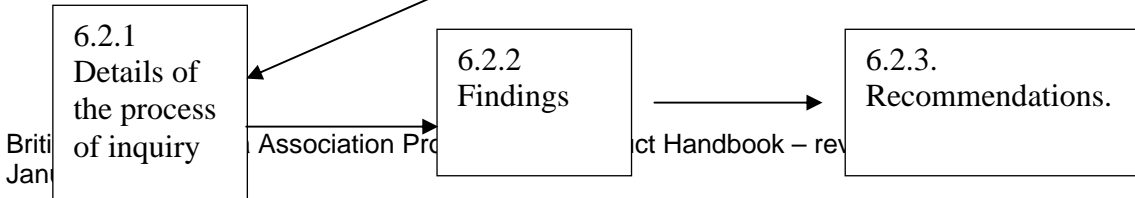
B5: Fifth Stage
5.1 If there is a case to answer the PCC will appoint an Inquiry Panel and notify the Chair of the BPA. The panel will be made up of PCC members and/or co-opted others. PCC and co-opted members must declare any matters that they believe may lead to a conflict of interests prior to panel membership being confirmed. Should any PCC member be deemed to have a conflict of interest they will not be part of any further discussions or decision-making regarding the complaint.

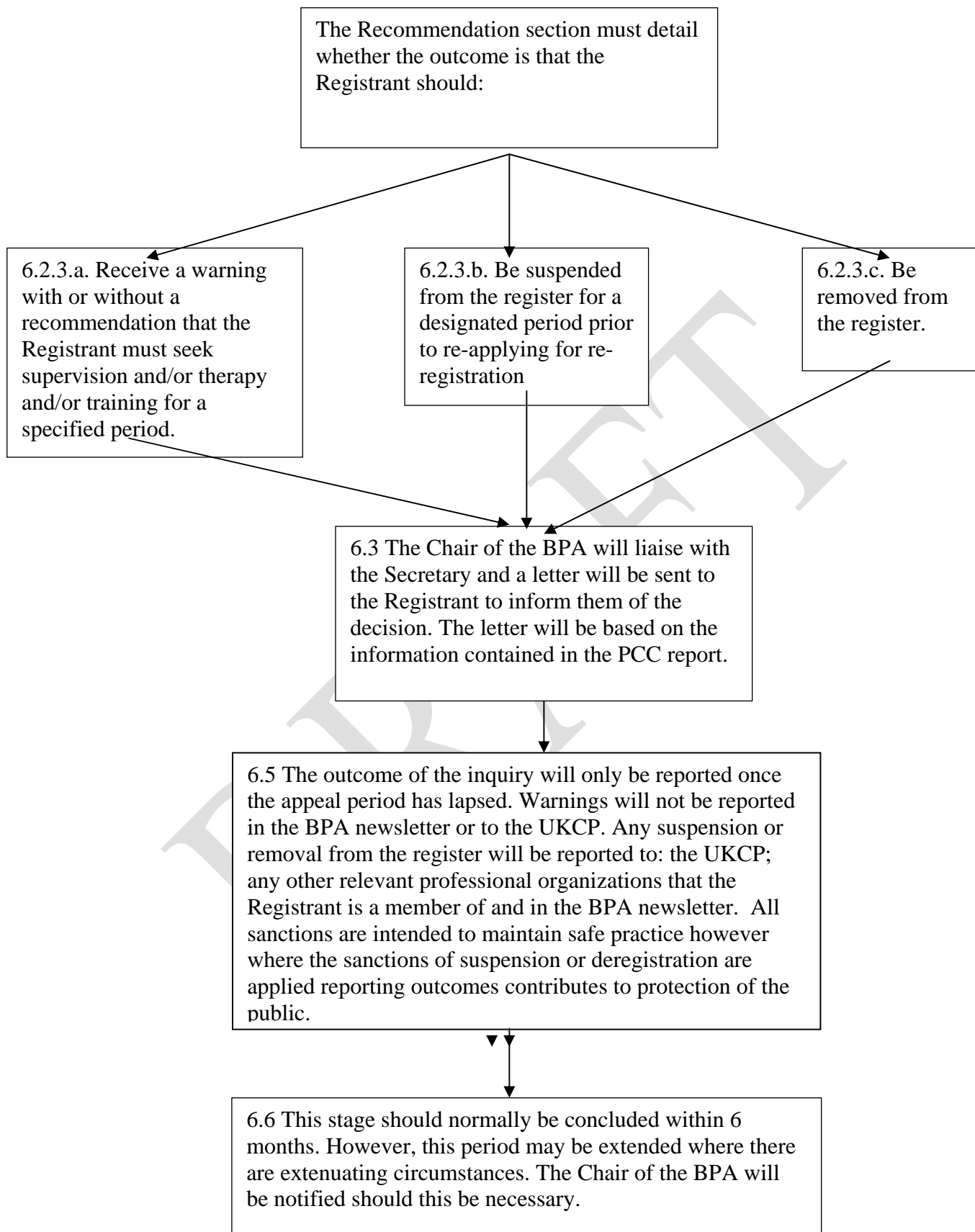
5.2 Panel members will interview the Registrant and the Client independently based on areas of concerns identified by the PCC. All interviews will be recorded and the tapes transcribed for the purposes of accurate reporting. Where agreed, panel members may also approach relevant parties who the PCC believe have information to aid their decision-making. The Inquiry Panel will make every attempt to view all relevant and original documents.

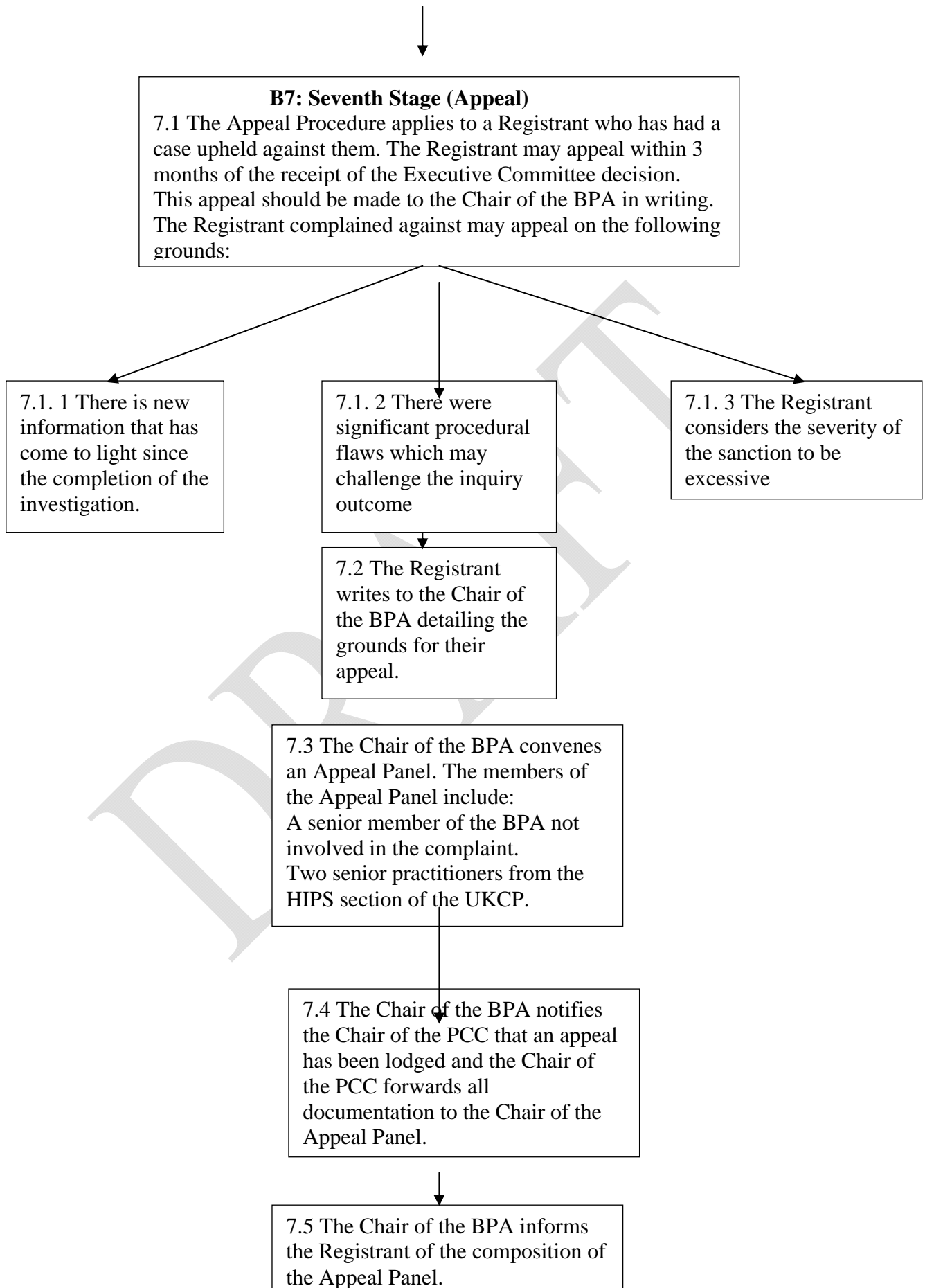
5.3 The Inquiry Panel will compile information and write a report for the PCC. This will include a range of options for the PCC to consider. This process should normally be completed within a six-month period.

B6: Sixth Stage
6.1 At least one member of the Inquiry Panel will present the report to the PCC. The PCC will deliberate and make a decision as to whether any or all parts of the complaint are upheld.

6.2 If the PCC decides there has been a breach of the code they must provide a report to the Executive. The report will not name the Registrant but will







7.6 The Appeal Panel will meet within 3 months. The panel will decide whether there are grounds for appeal and how to proceed. Where there are no grounds for appeal, the Chair of the Appeal Panel writes to the Registrant informing them that their appeal has not been upheld, copy to the Chairs of the BPA and the PCC.

7.7 Where the Appeal Panel agrees that grounds for an appeal exist, the Chair of the Appeal Panel convenes an appeal meeting. The Registrant must attend this meeting. A support person may accompany them, if they so wish.

7.8 The Appeal Panel may require further information from the PCC to help them reach a decision. The Chair of the PCC in written form can supply this. It may be supplemented by attendance at a panel meeting of the PCC Chair or their chosen representative.

7.9 The Appeal Panel reaches a decision, which they report in writing to the Chairs of the BPA and the PCC and the Registrant.

The outcomes the Appeal Panel may reach are:

7.9.1 Reject the appeal, confirming the previous decision and outcome.

7.9.2 Accept the decision but vary the sanction: that is, to increase or decrease the severity of the sanction.

7.9.3. Reject the outcome and order a new inquiry on the grounds that:

- new information has been presented
- there were significant procedural flaws, which may challenge the inquiry outcome.

7.9.4. In extreme circumstances, quash the outcome and rule out a new inquiry on the grounds that previous procedures were prejudicial to a fair inquiry.

The External Moderator

The External moderator is a representative of the Humanistic Interpersonal Psychotherapy section of the UKCP, who works and offers advice on issues relating to the UKCP and to whom the BPA is able to seek guidance.

The moderator provides reports on the activity and workings of the BPA as part of a review of member organisations.

SHARING

This section contains 'frequently asked questions and answers' (generated by PCC members). There are also examples of material for clients on the BPA website. If you have leaflet (or other document) that you like to share with BPA peers please forward a copy to the Chair of the PCC. .

Frequently asked questions

1. If I make a complaint who will be notified and, if upheld, who will be informed?

On receipt of a formal letter of complaint the Chair of the PCC notifies all members of the PCC so that decisions can be made at the next meeting to decide whether there is a case to answer. The Chair of the Executive is notified only when the PCC begin an investigation into the complaint, but information about the details of the complaint are not shared with the chair or the executive committee. If the complaint is upheld, the PCC will only inform the membership, UKCP or any other professional body if a decision has been made to suspend or remove a members name from the register. Warnings or other recommendations (ie. for supervision or therapy) are not made public knowledge.

2. I'm not sure I want to proceed with a formal complaint at this time, but I would like to talk to someone or get some advice.

The PCC welcomes the membership to contact any member of the committee or the chair of the PCC for advice on any matter regarding procedures or other ethical issues. The complaints procedure outlines informal steps that can be taken to resolve issues, and these options can be discussed if necessary. For example; arranging a facilitated meeting with a third party.

3. I am aware that a member of my group has been talking about possibly complaining to the PCC. What actions should I be taking, if any?

*The PCC would suggest that the issues be explored fully in supervision and that concerns about any possible complaint be highlighted and noted. Group members are required to have access to the complaints procedure ******

4. I have concerns about X's professional practise. I am aware that an incident took place in their weekly group, a month ago, that has left me feeling very uneasy. I'm sure the Code of Ethics has been seriously breached. I don't want to let this go. What should I do?

It is the responsibility of BPA members to bring to the attention of the PCC genuine situations in which clinical practise is considered unethical or below standards of safe practise.

All complaints received in which the complainant has not been directly affected or was not witness to an incident of misconduct, will be treated as a third party complaint. The third party complainant is invited to give information and the person directly involved is then contacted to see if they would like to make a complaint in their own right. If the first party declines, the third party is then contacted to see if they would like to proceed.

5. I am aware that Y is currently binge drinking and that their behaviour has been really erratic recently. I also know that they are continuing to practise as a psychodramatist. Should I do anything?

It is hoped that BPA members aware of such issues would feel able to approach their colleagues directly and offer support if necessary. It is important for anyone embarking on contacting the BPA to have knowledge that they are continuing to work. The PCC may decide to write informally expressing concern, if it decides that it is appropriate, and that it can be done sensitively. This would not be considered a complaint until the PCC received a formal letter of complaint.

6. An incident took place whilst I was a protagonist in a group several years ago that continues to affect me and has made me fairly avoidant of doing my personal work. I'm still very angry with the director and feel that X was abusive. Am I still able to complain?

The PCC will hear complaints regarding an alleged breach of ethics dating back three years ago. However, in situations where it is alleged that a serious breach occurred, the PCC may still make a decision to take action against a member.

PROCESSING

Having read the handbook you may want to review your knowledge, understanding and approach to ethical practice. You can do this in many different ways, which will hopefully include dialogue and debate with: clients; members of the BPA; other professionals. If appropriate you may want to review your answers to the questions on page 4. You may also want to consider two additional questions:

- What changes (if any) can you identify to procedures associated with ethical conduct by BPA registrants?
- What action (if any) do you intend to take to support your ethical practice?

If appropriate make notes for yourself and set a date to review any action you want to take to consolidate or enhance your knowledge, understanding and application of ethics for practice.

Appendix A**Governance statement for the Professional Conduct Committee of the British Psychodrama Association (BPA): 2002****Indemnity insurance and access to a solicitor**

- The BPA is insured through Smithson Mason Limited (SMG) by the Royal Sun Alliance
- If a claim is lodged against the BPA, including in relation to the work of the PCC, the secretary will contact SMG who will liaise with Sun Alliance
- Sun Alliance would appoint a solicitor, where relevant, to the case.

Composition

- The committee will have a minimum of 7 and a maximum of 9 members - including the chair. The committee will not have an even number of members – to prevent voting ties.
- Members of the PCC will be recruited by the Chair (in consultation with existing members). The BPA Executive will then formally accept the new appointments.
- Continuity is important so the committee shall comprise of at least three members who have served for a minimum of one year on the PCC.
- The PCC may include people from differing membership categories: senior trainer; trainer; practitioner; trainee (1).
- The PCC will work to ensure committee membership reflects the diversity found in wider society – for example, with reference to gender, age, ethnicity, class, sexuality and (dis) ability.
- Five members of the PCC need to be involved in any meeting for it to be quorate (to include the chair). Members can be available through the use of Information Communications Technology to discuss, negotiate and make decisions other than hearing a complaint.
- Members can be co-opted by the chair of the PCC if they have specialist knowledge or skills or to undertake a specific task, including during an inquiry.

Roles: chair and members

- The chair of the PCC is responsible for coordinating the activity of the committee (please see role description for further detail).
- Members of the PCC will offer support to and work with the chair of the PCC to ensure all matters brought to the PCC are dealt with in accordance with current policies and procedures.
- PCC members will share the administrative tasks associated with committee functioning.
- Only qualified members of the committee, or qualified co-opted members of the BPA, will be involved at all stages of an inquiry.

Relationship with BPA executive

- The Chair of the PCC should also be a member of the BPA executive Committee.
- The PCC chair must ensure that all relevant issues, including financial matters, are brought to the attention of the BPA executive to be ratified.

Responsibilities

- Guidance and provision of information about professional ethics and conduct to members of the association.
- Regular review of PCC documents (at least every 5 years).
- Liaison with the BPA executive regarding all PCC matters.
- Investigation of complaints in accordance with current policies and procedures.

Documentation

- Where the committee discusses concerns about an individual member's practice minutes will document the members initials or identifying number (not full name). Initials are cross referenced in the chair's log (for future reference).
- With regard to a complaint: if committee members decide there is no case to answer all copies of documents will be destroyed. If they decide there is a case to answer and an inquiry is needed then all PCC members will keep copies of documents until a decision has been taken.
- Once a decision has been taken:
 - If there is no case to answer all copies will be shredded
 - If there was a case to answer members will keep their copies for 3 months (to accommodate possible registrant appeal)
 - Once the appeal period has elapsed all copies bar one will be shredded
 - The chair will put this copy in a sealed envelope and archive it.
- Summary information of all complaints processes will remain in the chair's log.
- The archive can be accessed only if there are subsequent complaints involving either party that are of a similar nature (see chairs log).

**Role Description: Chair of the British Psychodrama Association
Professional Conduct Committee**

- Has previously served on the PCC for a minimum of one year
- Sits on the BPA Executive Committee
- Is accountable to the executive and the BPA membership through the Annual General Meeting (AGM)
- Liaises (when required) with chairs of executive and accreditation committee, the secretary and administrator
- Co-ordinates the work of co-opted members.
- Provides an annual report, which is presented at the AGM
- Co-ordinates twice yearly meetings of the PCC, including distributing the agenda and associated documents
- Ensures accurate and agreed minutes are kept for each meeting
- Agrees roles and tasks with other PCC members (including when an inquiry is required)
- Completes yearly complaints statistics for UKCP
- Ensure all codes and relevant documentation reflects current UKCP recommendations and is: reviewed and updated regularly; distributed appropriately; implemented confidentiality and respectfully when required.

Appendix B**Safeguarding Children Guidelines****General guidance**

Registrants acknowledge that all children have deserve the opportunity to reach their full potential and that parents and/or carers need to ensure that their children are adequately cared for. This includes promoting their health and well being and ensuring they are safe from harm.

Registrants recognise that they, like other professionals have a duty to protect children and that effective measures to safeguard children's welfare should be seen as part of a continuum of available support and services that meet the identified needs of children and their families. All work with children and families should ensure a clear focus on the welfare of the child, whose needs must clearly be paramount. This is true for all children and is particularly important where there are child protection concerns.

Promoting children's well-being and safeguarding them from significant harm is a shared responsibility. All professionals working with a child and their family have a duty to work constructively together, this includes, where appropriate, sharing information. All professionals should:

- understand and be alert to potential indicators of abuse and/or neglect.
- consider the possible risks individual abusers, or potential abusers, may pose to a child or children
- share information, and where appropriate, contribute to shared assessment and decision making with respect to a child or children
- contribute to plans and work to ensure a child's welfare is safeguarded and their welfare promotes
- regularly review their work
- work co-operatively with parents and/or carers unless this is inconsistent t with their duty to safeguard and promote the welfare of the child.

All registrants need to understand the particular needs of each child and their family whilst recognising that some children may be especially vulnerable to abuse. These include:

- (Dis)abled children – for example, they may receive intimate personal care form a number of carers or they may have communication difficulties which may make it difficult for them to tell someone if they are being abused.
- Black and minority ethnic children – for example, they may experience racial harassment and abuse.
- Children involved in prostitution or at risk of being drawn into prostitution – for example, they may be difficult to engage or may be negatively labelled.

- Children living away from home – for example, unaccompanied asylum seekers may be inadequately accommodated or have few people, they can communicate with.
- Young Carers – for example, there may be concern about the level of care a child is expected to provide for an adult.
- Children who abuse other children- for example, they may be in need of protection themselves.
- Children living in homes where domestic violence occurs – for example they may be traumatised through witnessing violence.

Definitions of abuse

Abuse may be the result of a deliberate act or the failure on the part of the parent or carer to act, to provide proper care or both.

Registrants acknowledge that varying definitions of abuse co-exist and that, for the purpose of this code, abuse is defined⁹ as:

Physical abuse is.....when children are hurt or injured by parents or other people. Hitting, kicking, beating with objects, throwing and shaking are all physical abuse, and can cause pain, cuts, bruising, broken bones and sometimes even death.

Sexual abuse is...when children are forced or persuaded into sexual acts or situations by others. Children might be encouraged to look at pornography, be harassed by sexual suggestions or comments, be touched sexually or forced to have sex.

Emotional abuse is....when children are not given love, approval or acceptance. They may be constantly criticised, blamed, sworn and shouted at, told that other people are better than they are and rejected by those they look to for affection.

Neglect is...when parents or others looking after children do not provide them with proper food, warmth, shelter, clothing, care and protection.

Safeguarding children

Registrants may work for organisation that has policies and procedures for promoting the welfare of children and safeguarding them from harm. Where this is the case the registrant must refer to those procedures as well as those that apply to them as registrants of the BPA.

If a registrant is unsure whether to refer a suspected case of child abuse, he or she should contact one of the people named below, all of whom are experienced registrants who are also trained in child protection.

⁹ These definitions are as posted on the ChildLine website:
<http://www.childline.org.uk/Childabuse.asp>

If a registrant has knowledge or suspects that a child is being abused or at risk of abuse, he/she has a duty to refer that concern to Social Service Departments, NSPCC, or the police, who have statutory duties and responsibilities to investigate and take action.

If a client or patient informs a registrant that he or she is currently abusing a child, the registrant must inform the client that he or she (the registrant) has a duty to break confidentiality to protect the child or children. A registrant should, however, bear in mind that the timing of such reporting could be crucial as evidence can be removed if a perpetrator of abuse has time to do this before an investigation occurs.

Wherever there are child protection concerns registrations must remember they should work in partnership with parents and/or carers unless doing so would jeopardise a child's safety.

Appendix C

Guidelines on video taping, audio recording, filming subsequent viewing or broadcasting

Anyone contemplating the recording in any form of a session or the observation of a session should give careful consideration to the following:

Registrants should question carefully their own motivation in pursuing public demonstration of their work.

Registrants who are employed in a different profession must be aware that those disciplines will have their own code of practice that will take precedence over this code of practice.

Registrants should obtain clear written consent from potential participants before commencing any recording.

Informed consent

This is a complex issue and registrants need discuss and ensure the client, patient or trainee understand:

- who has access to the material
- how long the record will be kept
- to whom the record belongs
- that the usual conventions to groups apply
- that they have the right to withdraw their consent **at any time.**

Further registrants must ensure that the client, patient or trainee is given time to consider the issues and access advice to inform their decision making.

Registrants have to explore and explain to the parties concerned that the level of confidentiality will be radically changed when any of the material is broadcast or shown to others, whether it be for professional or training purposes or public media broadcasting¹⁰.

Registrants should consider their own and potential participants internal and unconscious process. Appropriate use of supervision may facilitate critical reflection by the registrant.

¹⁰ **Therapeutic Purposes:** refers to the use of recorded material, in whatever form with the client or patient in a therapeutic setting. **Training and Research:** pertains to material that may be used for the training of therapists and developing a body of knowledge. In addition to our own guidelines (see appendix D), research is covered by Local Research Ethics Committee (LREC) and/ or other organisational (e.g. University Ethics Committee) guidelines for research.

At the beginning of the recording it is vital to clarify what action methods are and the centrality of the client's personalised perspective. In view of this an enactment does not necessarily constitute a statement of fact. It is the client's representation of events and significant others.

Any material to be recorded should be pre-viewed by the participants prior to its use. The participants should have the right to ask for any material to be edited, deleted or modified.

Registrants are not expected to involve participants who have not encountered action methods before. People who have some experience and familiarity with action methods are more likely to have a realistic understanding of what is involved and disclosed, which contributes to giving informed consent.

Registrants should consider the possible consequences and ramifications to themselves, participants and third parties when any material that may be widely viewed is edited.

Registrants are advised to be closely involved in the editing process.

Public Broadcasting for Educational or Promotional Purposes.

In addition to the above: a registrant who is involved in media presentation should observe the following guidelines.

- Participant recruitment should be specifically for this event
- Careful assessment must be made of the individual's emotional and psychological suitability to be involved in such an event
- The intent of the broadcast must be made clear, that this is not primarily a therapeutic exercise
- Careful attention must be paid to the effect on potential third parties and the possibility of litigation must be clearly understood by all participants
- It must be made clear to potential participants that once this process has been completed and final approval has been given that the material becomes the property of the broadcasting or production company.

Appendix D**Research Guidelines**

Research is important as it contributes to evidence (or knowledge) based practice. Further, it contributes to promoting the welfare of clients through effective practice. Registrants should acknowledge the need for, and importance of, research. If possible, and where appropriate, registrants should initiate, assist or participate in research.

Should any registrant be involved in research they must adhere to all government, local and professional standards including gaining ethical clearance for any project and, where appropriate, undergoing supervision by an experienced research supervisor (this is separate from clinical supervision).

The registrant researcher:

- is responsible for producing accurate data / information that has been obtained in a competent manner
- must be aware that commissions and omissions (intentional or unintentional) could distort outcomes
- must not plagiarise the work of others
- must acknowledge all contributors to the research, whether major or minor
- must adhere to the BPA Code of Ethics and Practice.

When planning and undertaking research registrants should:

- Remember the welfare of the client is paramount
- Gain informed consent from potential research participants – this means;
 - people are fully informed about research procedures, and the risks entailed, and therefore take personal responsibility for any negative consequences of participation
 - potential participants must sign a consent form, which details the research procedure and risks and is co-signed by the researcher (each keeps a copy)
 - the researcher must adhere to all agreements and promises with participants, except where these are changed through negotiation and mutual agreement
 - the researcher should respect the participant's rights and their freedom not to participate or to withdraw from the research at any time
 - when a person has chosen **not** to participate in a research project they should be given the opportunity to discuss other treatment options.
- Ensure participants are protected from physical and psychological harm and danger that might arise from the research process. For

example, the researcher should be aware of the increased risk of re-stimulating the issues that first brought the person into therapy.

- The researcher should discuss with participants the resources available to support them, if necessary, after the research process.
- Potential participant should be disadvantaged by any element of the research process.
- Confidentiality - the researcher:
 - must ensure, organise and respect anonymity of participants as standard research practice
 - Should inform participants as to how information and /or results from the research process are to be used and disseminated, where and in what form
 - The participants should review all the material, about them, that is to be distributed and viewed by others. They can edit, limit and withdraw material they do not wish to be seen by others.