

Code of Ethics and Practice for General and Accredited Members

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Code of Ethics and Practice for General and Accredited Members

This Code of Ethics applies to any activity that the Member undertakes professionally or personally which may affect their professional practice either directly or indirectly.

1. Introduction

- 1.1 This Code of Ethics and Practice applies to all Members except affiliates. COSRT requires that General and Accredited Members ("Members") adhere to these at all times to avoid bringing the College and the Profession into disrepute.
- 1.2 Affiliate Members are exempt from this Code of Ethics; they must abide by the COSRT [Rule Four](#) Conditions of Affiliate Membership.
- 1.3 Members are responsible for adhering to the latest version of these codes. Sanctions may be imposed if they are contravened. (See [COSRT Fitness to Practice Policy and Procedure](#))
- 1.4 This Code is to be read in conjunction with the COSRT Fitness to Practice Policy and Procedure, which can be obtained from COSRT PO Box 13686, London SW20 9ZH or online at www.cosrt.org.uk.

2. Ethical Principles of COSRT

The code is underpinned by the following ethical principles.

- 2.1 **Trustworthiness:** striving for the highest standards of professional competence, integrity and fitness to practise.
- 2.2 **Respect:** for the dignity, autonomy and right to self-determination of the Client.
- 2.3 **Beneficence:** promotion of the wellbeing of the Client and acting in their best interests.
- 2.4 **Non-maleficence:** avoidance by the Member of exploitation and abuse: that is to do no harm to the Client.
- 2.5 **Anti-discrimination:** commitment by the Member to work on the basis of equality, transparency and fairness.

3. Guidance for Ethical Practice

3.1 Fitness to practise

- 3.1.1 Psychological and emotional health and fitness to practise must be maintained at a level that ensures the provision of an effective service. There is an expectation this will be monitored by the Member, and their supervisor.

3.1.2 Advice from a supervisor or other suitable colleague should be sought if a Member's effectiveness becomes impaired for any reason, including health or personal circumstances.

3.1.3 Self-awareness is essential for safe practice. It is recommended that Members continue working on their own self-development and self-awareness throughout their professional lives, using personal counselling, personal therapy or other appropriate means eg attending self-development workshops.

3.2 Clinical Competence

3.2.1 Supervision is an essential part of clinical competence. Members must have access to experienced supervisors or consultants for appropriate personal and professional support and development. (See [COSRT Practice Guideline 1: Supervision and the Supervision Contract](#)).

3.2.2 Continuing professional development is recommended by COSRT for all Members as an integral part of best practice. Accredited Members and UKCP registrants must comply with the stated levels. (See [COSRT Practice Guideline 3: Continuing Professional Development](#)).

3.2.3 It is recognised that during an Accredited Member's career breaks in practice may occur, for various reasons. It is the responsibility of the Member to ensure they are competent to practice when they return to work, in agreement with their supervisor and the Assessors Panel. (See [COSRT Practice Guideline 4: Breaks in Clinical Practice](#)).

3.2.4 Members are required to keep abreast of new developments in the field of sexual and relationship therapy, in order that the Client can be offered treatment options in the light of the best available knowledge.

3.2.5 Members should be aware of any statutory legislation that may impact upon their work.

3.2.6 Members should recognise their limitations as a practitioner and ensure they are familiar with resources for referral (e.g. medical, legal etc).

3.2.7 Transparency regarding qualifications is essential. Members must make apparent to the public the level of their qualifications and whether they are in training, and this must be clearly stated on the COSRT website and personal websites.

3.3 The Therapy Relationship

3.3.1 Appropriate professional care of the Client must be maintained in the therapy relationship and in all interactions between the Member and the Client.

- 3.3.2 Members must ensure that clients are informed and give consent when commencing therapy. A contract, preferably in writing and signed by the Member and the Client, needs to be in place before embarking on any therapy. This establishes the rights and responsibilities of both parties in their working relationship. (See [COSRT Practice Guideline 2: The Contract for Therapy](#)).
- 3.3.3 Confidentiality is an essential part of the therapy relationship. Its limits, and the occasions on which it might be broken, should be made clear to Clients. Responsibility to others as well as to the Client need to be taken into account if the Client's activities are potentially detrimental or damaging to themselves or to others. (See [COSRT Practice Guideline 5: Confidentiality](#), also [COSRT Rule 5 - Data Protection Statement](#))
- 3.3.4 Members must not abuse the therapy relationship financially, emotionally, sexually, or in any other way.
- 3.3.5 Members use their professional judgement in order to maintain appropriate boundaries to the therapy relationship, both during and after therapy.
- 3.3.6 Dual relationships relationships require careful consideration of the possible implications for Clients. Dual relationships arise when the practitioner has two or more kinds of relationship concurrently with a client, for example client and trainee, acquaintance and client, colleague and supervisee. Such relationships are seldom neutral, and the complications of such a relationship is not always foreseeable. Every effort should be made to avoid risking confusion between the pre-existing relationship and the professional relationship, which may impact adversely on the therapy or supervision. Where possible they should be avoided.
- 3.3.7 Trust and safety in the therapy relationship can be undermined if conflicts arise that are not dealt with effectively. Where these arise, the Member is expected to manage the situation honestly and to refer on appropriately if the issues cannot be resolved, or if the therapy relationship becomes untenable for any other reason.
- 3.3.8 If sexually explicit material is considered by the therapist to be appropriate within the overall context of therapy, Members should obtain informed consent from the client before introducing it into the session.
- 3.3.9. Sexual contact and/or sexualised behaviour by the Member are unacceptable with anyone to whom the Member is providing, or has provided therapy. It is COSRT's view that it is not acceptable for a therapist to have a sexual relationship with anyone who is or has been his or her own client.

- 3.3.10 COSRT takes the view that surrogate therapy does not fall within the definition of psychosexual therapy as understood by COSRT. COSRT does not support/endorse/recommend surrogate therapy.
- 3.3.11 Physical examination is only acceptable by medically trained and qualified Members.
- 3.3.12 Working with young people under 16 and vulnerable adults requires special knowledge of relevant legislation and issues of protection for the individual. Members must ensure that they have appropriate training. COSRT does not provide or approve any such training.

3.4 **Safekeeping**

- 3.4.1 Appropriate premises are necessary, where privacy can normally be ensured and there is a minimum likelihood of interruption.
- 3.4.2 Record keeping is expected in good practice. Arrangements for the safekeeping and disposal of records require consideration in line with legal requirements. (See [COSRT Practice Guideline 6: Record Keeping](#)).
- 3.4.3 Adequate insurance cover is mandatory for Members to cover all their professional activities. The insurance needs to be sufficient to meet any legal claim made by a Client or third parties, either through the Member's own professional insurance or public insurance where an employer provides cover. It must also be sufficient for legal representation and expenses in the event of a complaint being raised against the Member.
Members working online should ensure that they are covered for working in this environment.
Members are reminded that insurance cover is required for seven years after the cessation of practice. (See [COSRT Practice Guideline 10: Members' Professional Insurance](#))
- 3.4.4 A Professional Executor should be appointed to ensure appropriate care of Clients in the event of unplanned cessation of practice. (See COSRT Practice Guideline 7: The Appointment and Duties of a Professional Executor)

3.5 **Anti-discriminatory practice**

- 3.5.1 Anti-discriminatory practice should underpin all professional activities. The value and dignity of Clients must be recognised at all times. The Member must work in ways that respect the individuality of the Clients and colleagues with regard to issues of difference, such as religion, race, gender, age, beliefs, orientation, sexuality and disability.

- 3.5.2 Issues of prejudice and stereotyping are universal. Members must be alert to their own biases, prejudices and stereotypes and how these may impact upon the therapeutic relationship.
- 3.5.3 Attitudes, assumptions and values can be identified by the language used and interventions offered. Members must ensure that interventions offered are culturally acceptable to Clients.
- 3.5.4 Autonomy and right to self-determination of Clients and of others with whom they may be involved must be protected, subject to the limits of confidentiality and safety.
- 3.5.5 COSRT as an organisational member of UKCP supports the UKCP statement on the 'reparative' therapy of members of sexual minorities. General Members must agree to comply with this document.
www.psychotherapy.org.uk/reparative_therapy_statement.html

3.6 **Conducting Therapy Online**

- 3.6.1 Members must ensure that they have undertaken appropriate training to work electronically (See [COSRT Practice Guideline 9: Online Therapy and Supervision](#))
- 3.6.2 Adherence to COSRT Code of Ethics and Practice applies to all virtual and electronic environments.
- 3.6.3 It is recommended that online therapy only be conducted by clinically experienced Members.

3.7 **Research and Publication**

- 3.7.1 Any research involving Clients or participants must conform to the World Medical Association Declaration of Helsinki 1964 www.wma.net/en/30publications/10policies/b3/ as modified by the 59th WMA General Assembly, Seoul, Korea, October 2008, or such other declaration or modification which may be adopted from time to time. This provides guidelines and basic principles for combining research involving human subjects with professional care.
- 3.7.2 The research methods used must comply with the COSRT Code of Ethics and Practice and must not affect Clients or participants adversely. The dissemination of research in any format, which includes clinical material, must safeguard the welfare and anonymity of Clients. (See [COSRT Practice Guideline 8: Research](#))
- 3.7.3 Publication of work within the field of sexual and relationship therapy develops the Profession by communicating research and knowledge to the community. Members of COSRT are encouraged to publish their work. It is the responsibility of authors to be both objective and critical and not to abuse

the trust of the reader. Informed written consent must be obtained from the Client when clinical material is offered for publication. Under data protection legislation Clients have the right to view this at any time.

3.7.4 Correctness and accuracy of work reported in publication are essential to avoid bringing COSRT and the Profession into disrepute. Research misconduct such as falsification, fabrication, plagiarism and the misappropriation of credit in publication are all unacceptable.

3.8 Working with Agencies

3.8.1 In agency employment it is essential to be acquainted with agency policies or codes of conduct with regard to such matters as child protection, record keeping, research and publication, Clients' access to records, correspondence etc.

3.8.2 Where there is a discrepancy between COSRT standards and agency standards, the Member is responsible for bringing this to the attention of both parties and seeking further guidance.

3.9 Advertising

3.9.1 The Member commits to ensuring that any advertising or promotions undertaken must be accurate. Where a Member promotes any particular therapy, product or service, this must be done in an accurate and responsible way.

3.9.2 Testimonials from Clients should not be included in any advertising or promotional materials.

3.9.3 Members in training, whether on a COSRT approved course or other appropriate training in sexual and relationship therapy, must not advertise themselves as psychosexual therapists or sexual and relationship therapists until they have obtained their qualification.

3.9.4 General Membership does not constitute a professional qualification and it must not be represented as such in any advertising or promotional material. General Members may describe themselves as General Members of COSRT who abide by the COSRT Code of Ethics and Practice.

3.9.5 Accreditation constitutes a professional qualification. Only Members who have had their Accreditation ratified may use COSRT Accredited Psychosexual Therapist or COSRT Accredited Sexual and Relationship Psychotherapist in advertising and promotion.

3.9.6 Therapists completing the post-Diploma 200 practice hours, which must be completed before accreditation, may say they have a Diploma but are not yet accredited.

- 3.9.7 Only Fellows and Accredited Members may use the COSRT logo on their personal websites. Permission must be sought from COSRT to use the logo in any other way.
- 3.9.8 Online advertising and promotions including web sites must meet the requirements of the COSRT Code of Ethics and Practice for General and Accredited Members. This code should also be consulted when using information leaflets, forums, email, social network sites and blogs.

3.10 **Standards of Conduct**

- 3.10.1 Members must pay their subscriptions on time (See [COSRT Rule 2: Policy for Members Who Do Not Pay Their Subscription](#))
- 3.10.2 If there is a concern about another Member's fitness to practice, a Member has a duty to respond appropriately and to take action if necessary. The Member may consult their supervisor if this is considered appropriate, giving due attention to the possibility of breaching confidentiality.
- 3.10.3 A Member should conduct themselves responsibly at all times. Any activities which could bring COSRT or the profession of sexual and relationship therapy into disrepute should be avoided. Caution should be exercised when participating in social activities in all public venues including social networking sites on the internet, where information about and images of the Member are made public.
- 3.10.4 Conviction of a criminal offence wherever entered against a Member must be reported to COSRT.
- 3.10.5 A complaint upheld against a Member in another organisation must be reported to COSRT by the Member. COSRT reserves the right to investigate, with the possibility of imposing sanctions. It is recommended that a Member should inform COSRT if a complaint is brought against them.
- 3.10.6 A Member should disclose any complaints made against them which have been referred to their insurers, arbitration or mediation and any civil claims brought against them in respect of their professional activities.
- 3.10.7 Failing to abide by COSRT's Code of Ethics and Practice may result in sanctions being applied. If the Member does not comply with the sanctions Membership will be terminated.

(See [COSRT Fitness to Practice Policy and Procedure](#)).