

Just as the infant separates from its mother and begins to forge its own sense of identity, so to must we take our first tentative steps into the world of psychotherapy and counselling as autonomous practitioners. Training is demanding, emotionally and academically, but the real challenge starts when we enter the professional world. The foundation of the therapeutic relationship is built on trust, and for some clients this will be their first experience of it. If therapy is to be effective it is imperative that the client is able to express vulnerability and know that it is safe to do so. For some this will take longer than with others, but for all clients this is unachievable unless we are ethical therapists.

Our professional body registration is an acknowledgment to abide by their ethics and standards. We agree to uphold certain standards of practice, and we acknowledge that there are steps to take should clients be unhappy with the service, a backdrop of reassurance before what can be a painful journey. There is no true counselling or psychotherapy without a foundation of ethics and good practice.

Good standards and ethical practice provide the best possible conditions for clients to discuss freely whatever is causing their concern and for the counsellor to work therapeutically...Standards define the essential safeguards and required level of expertise to provide a safe and effective service to clients. Standards typically define the level of training, continuing professional development, supervision, insurance and service delivery in terms of competence and good conduct.

(Bond 2015a p7)

Let us take for granted that an adequate level of training, supervision and continuing professional development has been achieved, insurance is in place, and the therapist is competent. Does that mean the safeguarding of standards and practice is maintained? The simple answer is no, ethical practice does not begin and end with ticking these boxes. To truly safeguard standards we must continuously integrate our ethical framework of choice through the therapeutic process, with client containment, holding, and safety in mind.

As an integrative therapist with a core modality of Transactional Analysis (TA), and a registered member of BACP, I work to adhere to both the therapeutic modality and the organisations ethical and good practice framework. BACP's core principles include honouring trust, the client's right to autonomy, beneficence, non-maleficence, justice and self-respect. The moral qualities of the therapist include care, courage, empathy, humility, integrity resilience and respect (Bond 2015b p3). These,

alongside the ethics¹ and values² of TA, form my foundation of standards and practice. It is easy to say that we possess these qualities and abide by the principles but we must thread them into therapeutic work while maintaining the safety of clients and ourselves. Inevitably we will face unexpected situations and it is a good understanding of the ethics that underpin our work which we will fall back on when making important decisions (Bond 2015b p4).

As I set up my own private practice I must strive to safeguard standards and practice while working autonomously. The organisational safety net that I have had in my work within the NHS and charity sector has gone, appropriate referrals will not be handed to me. I will be accountable to only my clients and my clinical supervisor, and there will be no agency protocols in regards to ethical and therapeutic dilemmas. The life of a therapist can be isolating, and client safety as well as our own, must be protected. Working to reduce the risks will include telephone contact and initial assessments with prospective clients to gauge their suitability. Sharing a premises while I build my client load will further tackle the risks of therapist safety and isolation, as well as increasing opportunities for peer support.

Multidisciplinary care will not be as readily available and I must carry contingency plans in my therapeutic tool-bag. Steps for escalation, whether working privately or publically, must always be planned; and in private practice especially familiarity with local crisis teams and mental health legislation is essential. It is important to plan for periods of unavailability in order to maintain that clients remain held, and the appointment of a clinical executor alongside the implementation of peer supervision groups and networking provides a back-up system for our clients, support in case of client crisis, and further tackles therapist isolation.

Whichever field we work in the limits of confidentiality and boundaries must be made explicit to our clients. Confidentiality is essential to therapy and breaking this trust can be in dichotomy to non-maleficence, client autonomy, justice, and trust. However in some cases it is essential that the step is taken but it must be considered ethically, with beneficence in mind. Disclosure is not a simple task and must be discussed with the client first. If consent is given client autonomy will be protected, but the law can override. For this reason it is essential that clients are not misled about the limits of confidentiality, and observing ethical guidelines in relation to this minimises the risk. We must not discount what it will mean to the clients world and intrapsychic process as well as the therapeutic relationship if confidentiality is broken. Disclosure without consent commands a deep ethical

¹ Respect, empowerment, protection, responsibility, and a commitment to the relationship (ITAA 2014 p3)

² Autonomy in self and others, respect for self and others, personal responsibility and self-knowledge, a humanistic stance, open communication with client, the avoidance of psychological games, cooperative, emotionally literate, clear contracts, and to abide by Transactional Analysis codes of ethics and practice (Lister-Ford 2002 p12)

reflection and supervisory support. It is our responsibility to decide when a client's threat of harm to self or other is a game (Berne 1964), a cry for help or a genuine sign of intention, and to deal with this accordingly. Within my practice I form No-Harm contracts with clients experiencing suicidal ideation and carry out risk assessments to gauge intent. Clients must be clear on our ethical stance and practice in regards to suicide. The BACP ethical guidelines permit disclosure to save life or prevent harm but practitioners must be ethically accountable for any disclosure made without consent.

Bond (2015b) states that practitioners should hold an awareness of the limits of their training and experience. It is normal to feel inspired as we learn new methods but it is imperative that client need and vulnerability remain our focus. To uphold the qualities of beneficence and non-maleficence we should reflect on client and treatment plan suitability before bringing interventions into the room simply to tick them off our therapy "to-do" list. A reflection on how far we take a client in regards to depth work and personal tolerance is essential, and we must constantly ask ourselves if the client is resilient enough, and if outside support is available outside of the therapy hour.

Clients are vulnerable in their relationship with us; some clients experiencing their first secure attachment. It is imperative that in order to protect clients and our profession that we strive to make sure this is not exploited, consciously or unconsciously. For this reason we must reflect openly and honestly on our work and our own processes' in the room, developing our own awareness around countertransferential responses, with any change in our levels of empathy or our ways of relating to a client explored in supervision and personal therapy. It is possible to enact an abandoning, punishing or suffocating caregiver, to let our own process cloud the work, or to self-disclose when inappropriate. For this reason it is incredibly important that we have space to explore and the ability to be open and honest without shame. An open and honest dialogue around our own weaknesses (and strengths), whether we are the right therapist or care provider for the client, without the fear of not being a "good enough" therapist is essential. The shame of mistakes and the idea of imposter syndrome is real, especially among the newly qualified; it is only when we are able to discuss these issues with our supervisors and colleagues that we normalise these feelings. Mistakes are ok and therapeutic rupture is part of practice; it is the repair that gives the client a new experience. Developing an awareness of and reflection around these mistakes is what makes them fruitful, and helps to maintain standards.

Therapist self-care and vulnerability should be acknowledged and discussed openly. To our clients we may seem impervious from the issues that touch them, but we are as human as anyone (many of us wounded healers) and must strive to protect ourselves in the work. To care for ourselves in the same way we do our clients is to be congruent, and to maintain client safety through our own. Emotional

way we do our clients is to be congruent, and to maintain client safety through our own. Emotional burn-out is very real and should be tackled by maintaining a healthy number of clients and regular supervision and personal therapy.

Like our clients potential, our profession and the standards and practice that go with it are constantly evolving. Our ethics provide the foundation for credible therapeutic work and provide a template of action in times of need. We must reflect on these in order to translate principles into practice:

The challenge of working ethically means that practitioners will inevitably encounter situations that require responses to unexpected issues, resolution of dilemmas and solutions to problems. A good understanding of the ethics that underpin our work is a valuable resource which is helpful in making significant decisions.

(Bond 2015b p4)

It is our job to work to instil hope within each client, adhering to the standards of ethics and good practice as we walk alongside them. Not only to protect our clients, but also to protect and propel the professional field; we must embody the values we have been trusted to represent.

Berne, E. (1964) *Games People Play*, London: Penguin Books.

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International Transactional Analysis Association (2014) *ITAA Code of Ethical Conduct*, ITAA.

Lister-Ford, C. (2002) *Skills in Transactional Analysis: Counselling & Psychotherapy*, London: Sage Publications Ltd.