



ARBPA ETHICS – PART 1 of 3

ARBPA Code of Ethics

October 2016

Contents

1. Introduction

2. Definitions

3. Ethics Principles

3.1 Values of Radix Body Psychotherapy

3.2 Ethical principles of Radix Body Psychotherapy

3.2.1 Fidelity

3.2.2 Autonomy

3.2.3 Beneficence

3.2.4 Non-maleficence

3.2.5 Justice

3.2.6 Self-respect

3.3 Personal Qualities

3.4 Competing Ethical Obligations

4. Ethical Standards for ARBPA Practitioners

4.1 Ethical Practice Standards

4.1.1 Standards of practice and client care

4.1.2 Keeping trust

4.1.3 Dual and multiple relationships

4.1.4 Maintaining competent practice

4.1.5 Addressing client complaints

4.1.6 Monitoring risk to clients and reporting to statutory authorities

4.2 Probity in Professional Practice

4.2.1 Providing clients with adequate information

4.2.2 Sensitivity to social and cultural contexts

4.2.3 Financial arrangements

4.3 Ethical collegial relationships

4.3.1 Working with colleagues

4.3.2 Referral processes

4.4 Care of self as an ARBPA Practitioner

5. Ethical Standards in other work contexts

5.1 Ethical Standards in Teaching and Training

5.2 Ethical Standards in Research

6. Complaints Handling

1. Introduction

The code of ethics of the Australian Radix Body Centered Psychotherapy Association (ARBPA) reflects the values and principles that are integral to the practice of Radix Body Psychotherapy. The code outlines guidelines that are the minimum standards of ethical practice and conduct for Trainees and Radix Practitioners.

All practicing professional members of ARBPA are required to abide by this code. Members must have read and understood the provisions of this code and have agreed and signed that they will be governed by the same. This governance also extends to their use of Radix techniques and Radix education for as long as they have association with ARBPA or are listed as a licensed Radix practitioner.

Members need to be aware that the ethical responsibilities set out in this code are not exhaustive and that if a members' behaviour or action is not outlined in this code, then the general intent and principles will apply.

Ethical dilemmas and practice challenges can be viewed and/or challenged from both legal and ethical standpoints in many instances. Practitioners are required to consider this code in light of relevant state/territory and federal legislation, and to seek competent, qualified advice as to which provisions prevail in any given instance.

Upon becoming members and upon membership renewal, members of ARBPA make an implied commitment to account for their practice in the event of a complaint or investigation regarding unethical conduct.

Failure to comply with this code may result in a complaint being made under the ARBPA Professional Conduct and Complaints Procedures, which is found in the document ARBPA Ethics Part 2.

If a Member chooses to withdraw completely from association with ARBPA, and so become free of the code's provisions, the Member must notify ARBPA in writing and respect the code for a period of 90 days to allow the withdrawal to be implemented.

This code of ethics was updated in April 2016 and it supercedes The ARBPA Code of Ethics (October 2015).

The ARBPA Ethics Committee consists of two members of the ARBPA elected by members at the ARBPA Annual General Meeting for a three-year term.

2. Definitions

“**Client**” refers to an individual, couple, family, group or organisation receiving a service from a Radix Body Psychotherapist.

“**Conflict of Interest**” refers to a situation where the practitioner’s care of the client may conflict with other financial, professional or personal interests of the practitioner, or where the practitioner is in dual or multiple relationships with the client or parties related to the client.

“**Dual and multiple relationships**” refer to situations in which the practitioner takes on two or more kinds of relationship concurrently or sequentially with a client. For example, a client who is also a trainee, or a colleague who is also a supervisee. Dual and multiple roles also refer to the addition of the practitioner role within nontherapeutic relationships, such as with an employer, employee, business partner, friend, relative, or partner. The existence of dual and multiple relationships with clients is seldom neutral and can have powerful positive or negative impacts in the present and future that are not always easily foreseeable.

“**Involuntary client**” means a client who is required or mandated to attend counselling or psychotherapy.

“**ARBPA Member**” means a practitioner who has a current membership of ARBPA in any individual membership category.

“**Practitioner**” refers to any ARBPA Member undertaking the role(s) of counsellor, psychotherapist and 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 an ARBPA Member 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.
- any other serious misconduct that could result in de-registration by ARBPA.

“**Sexual relationships**” means relationships involving sexual intercourse and/or any other type of sexual activity or sexualised behaviour.

“**Supervision**” refers to a discrete professional activity within clinical practice which aims to support practitioners to deliver competent and ethical services. Supervisors complete specialist training to develop supervisory competencies.

“**Trainer**” means a Practitioner or other relevant professional who provides training or education in counselling or psychotherapy.

3. Ethics Principles

ARBPA acknowledges the co-existence of a range of approaches to ethics. This Code reflects the diversity of ethical approaches by considering the:

- Values underpinning Counselling and Radix Psychotherapy
- Ethical principles of Counselling and Radix Psychotherapy
- Personal qualities of counsellors and Radix Psychotherapists

This section of the Code applies principally to Radix Psychotherapy practitioners but is also relevant to student members of ARBPA, researchers, trainers and other professionals in related fields who are using this Code.

3.1 Values of Radix Body Psychotherapy

The fundamental values of Radix Body Psychotherapy include, but are not limited to, a commitment to:

- Respecting human rights and dignity
- Ensuring the integrity of practitioner-client relationships
- Enhancing the quality of professional knowledge and its application
- Alleviating clients' symptoms of personal distress and suffering
- Facilitating a sense of self that is meaningful to the person(s) concerned within their personal, social and cultural contexts
- Increasing clients' personal effectiveness
- Enhancing the quality of relationships between people
- Appreciating the variety of human experience and cultures
- Striving for the fair and adequate provision of Radix Body Psychotherapy services

3.2 Ethical Principles of Radix Body Psychotherapy

Principles direct attention to important ethical responsibilities. Each ethical principle of Radix Body Psychotherapy is described below.

Practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles. In these circumstances, choosing between principles may be required. This may involve balancing the risks concerned and resolving an ethical dilemma by choosing the path that causes least harm. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made.

3.2.1 Fidelity: honouring the trust placed in the practitioner

Being trustworthy is regarded as fundamental to understanding and resolving ethical challenges and dilemmas. Practitioners who adopt this principle act in accordance with

the trust placed in them and regard confidentiality as an obligation arising from the client's trust.

3.2.2 Autonomy: respect for the client's right to be self-governing

This principle emphasises the importance of ensuring the client's commitment to participating in Radix Body Psychotherapy, usually, but not always, on a voluntary basis.

Practitioners who respect their clients' autonomy:

- ensure accuracy in any advertising or information given in advance of services offered.
- seek freely given and adequately informed consent from the client.
- engage in explicit contracting in advance of any commitment by the client.
- protect the client's privacy and confidentiality.
- make any disclosures of confidential information conditional on the consent of the person concerned except where serious risks warrant an exception to this principle.
- inform the client in advance of foreseeable conflicts of interest, for example dual relationships, as soon as possible after such conflicts become apparent.

The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.

3.2.3 Beneficence: a commitment to promoting the client's well-being

The principle of beneficence means to act in the best interests of the client/s based on professional assessment. Beneficence directs attention to working strictly within the practitioner's area of competence, and providing services on the basis of adequate training and experience. Ensuring that the client's best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is considered important that research and systematic reflection inform practice. There is an obligation to use regular and ongoing supervision to enhance the quality of services provided, and to commit to updating practice by continuing professional development. An obligation to act in the best interests of a client may become paramount when the client's capacity for autonomy is diminished because of immaturity, lack of understanding, extreme distress, mental disorder, serious disturbance, or other significant personal constraints.

3.2.4 Non-maleficence: a commitment to avoiding harm to the client

Non-maleficence involves:

- avoiding sexual, financial, emotional or any other form of client exploitation;
- avoiding incompetence or malpractice.
- not providing services when unfit to do so due to illness, personal circumstances or intoxication.
- having an ethical responsibility to strive to mitigate any harm caused to a client, even when the harm is unavoidable or unintended.

- holding appropriate insurance may assist in making restitution when serious harm has been caused.
- having a personal responsibility to challenge, where appropriate, the incompetence or malpractice of others.
- contributing to any investigation and/or adjudication concerning professional practice which falls below that of a reasonably competent practitioner and/or risks bringing discredit upon the profession.

3.2.5 Justice: the fair and impartial treatment of all clients and the provision of adequate services

The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. This principle directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations.

Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups on the basis of personal, social or cultural characteristics.

3.2.6 Self-respect: fostering the practitioner's self-knowledge and care for self

The principle of self-respect means that the practitioner appropriately applies all the above principles as entitlements for self. This includes seeking counselling or psychotherapy, and other opportunities for personal development, as required.

There is an ethical responsibility to use supervision for appropriate personal and professional support and development, and to seek training and other opportunities for continuing professional development.

Guarding against financial liabilities arising from practice usually requires obtaining appropriate insurance when self-employed or working as a contractor.

The principle of self-respect encourages active engagement in life-enhancing activities and relationships that are independent of relationships arising from the practice of Counselling and Psychotherapy.

3.3 Personal Qualities

The practitioner's personal qualities are of the utmost importance to clients. Many of the personal qualities considered important in counselling and psychotherapy practice have ethical components, and are therefore considered as virtues or good personal qualities. These qualities are conveyed through the practitioner's clinical approach and practice. It is inappropriate to prescribe that all practitioners possess these qualities, since it is fundamental that these personal qualities are deeply rooted in the personality of the practitioner, and develop out of personal commitment rather than the

requirement of an external authority. However, ethical qualities and virtues are enacted through particular behaviours can also be taught and should be part of counselling and psychotherapy training programs. Personal qualities to which practitioners are strongly encouraged to aspire are evident in the enactment of the following behaviours/skills.

They include:

- Empathy:** the ability to communicate understanding of another person's experience from within that person's perspective.
- Sincerity:** a personal commitment to consistency between what is professed and what is done.
- Integrity:** commitment to being ethical in dealings with others, personal straightforwardness, honesty and coherence.
- Authenticity:** the capacity to be true to self and relate truthfully to others.
- Resilience:** the capacity to work with the client's concerns without being personally diminished.
- Respect:** showing appropriate esteem to others and to their understanding of themselves and others.
- Humility:** the ability to assess accurately and acknowledge one's own strengths and weaknesses.
- Competence:** the effective deployment of Counselling and Psychotherapy skills and knowledge in a range of contexts.
- Fairness:** acting in an even-handed way and making decisions that are free from bias or injustice.
- Wisdom:** possession of sound judgement and insight in the practice of counselling and psychotherapy and in related fields of work.
- Courage:** the capacity to act ethically and professionally in spite of known fears, risks and uncertainty.

3.4 Competing Ethical Obligations

The challenge of practising ethically is that practitioners will inevitably encounter situations in which there are competing obligations. In such situations, it may be tempting to retreat from ethical analysis in order to escape what may appear to be unresolvable ethical dilemmas.

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 taken into consideration, and to alternative ways of approaching ethics that may prove useful.

No statement 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, ARBPA Members, and other individuals or organisations that may be informed by this Code of Ethics in their work, are committing themselves to engaging with the challenges of ethical practice, even when doing so involves making difficult decisions and acting courageously.

4. Ethical Standards for ARBPA Practitioners

ARBPA is committed to sustaining and advancing best practice. 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.

Practitioners should consult with the professional standards and guidelines developed by ARBPA for guidance on current practice responsibilities. Some of these standards and guidelines are detailed elsewhere in this Code.

Training and Supervision are crucial in developing and maintaining counsellors and psychotherapists, and are therefore emphasised in the good practice guidance in this Code. Training organisations, trainers and supervisors need to respond to competing imperatives in establishing and maintaining rigorous training programs and supervision services that have credibility in the field.

It is acknowledged that qualified and experienced practitioners may seek peer supervision along with a more hierarchical supervision arrangement.

The role of an individual or group supervisor is of crucial importance in developing, maintaining and leading the profession. Wherever dual relationships or responsibilities exist, these need to be transparently named and ethically managed.

The roles of supervisors include the following responsibilities:

- Ensuring that clients are the focus of supervision sessions.
- Monitoring the welfare of the supervisee.
- Ensuring compliance with the relevant legal, ethical, and professional guidelines for professional practice.
- Monitoring the contracted achievements and the professional development of the practitioner.

4.1 Ethical Practice Standards

All clients are entitled to high standards of practice and care from their Radix Body Psychotherapist. Healthy standards of practice and care require professional competence, healthy relationships with clients and colleagues, and commitment to and observance of professional ethics.

All standards detailed in this section are matters about which clients may make complaints against ARBPA Members. Complaints must meet the requirements of ARBPA's Professional Conduct and Complaints Procedures 2016 and can only be heard by ARBPA where ARBPA has jurisdiction to do so.

4.1.1 Standards of practice and client care

- A.** To ensure high standards of practice and care, practitioners are accountable for delivering competent services that meet the client's needs.
- B.** Practitioners give careful consideration to the limitations of their training and experience and work within these limits. Information on other services and referral options are to be provided when clients require the provision of additional services operating in parallel with or instead of Counselling or Psychotherapy. Failure to do so may constitute a failure in standards of care.
- C.** Practitioners engage in contracting with their clients in order to clarify and agree to the rights and responsibilities of both the practitioner and client at appropriate points in their working relationship. Where the client is a couple or family, 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 and the individuals in the couple or family.
- D.** Practitioners work within a clearly contracted, principled relationship with their clients. The therapeutic relationship is to be respectful, confidential and as far as possible avoids Conflicts of Interest (see definition). Where there is a Conflict of Interest or potential conflict of interest, practitioners discuss the implications of this with their clients and seek guidance from their supervisors.
- E.** Practitioners are to be alert to the possibility of competing ethical principles and to balance the needs of clients, other parties, the profession, and society more generally. Consultation with a supervisor or experienced practitioner is strongly recommended to discuss practitioners' ethical decision-making.

4.1.2 Keeping trust

- A.** The practice of counselling and psychotherapy depends on gaining and honouring the trust of clients. Keeping trust requires:
 - attentiveness to the quality of listening and respect offered to clients.
 - culturally appropriate ways of communicating that are courteous and clear respect for privacy and dignity.
 - careful attention to client consent and confidentiality.
 - carefully monitoring risks to clients and others and reporting to statutory authorities when necessary.
- B.** Clients are adequately informed about the nature of the Radix Body Psychotherapy services being offered and the limits to confidentiality.
- C.** Practitioners obtain adequately informed consent from their clients and respect clients' rights to choose whether to continue in therapy or withdraw. Practitioners ideally ensure that counselling and psychotherapy services are delivered on the

basis of the client's explicit consent. Reliance on implicit consent is more vulnerable to misunderstandings and therefore is best avoided unless there are sound reasons for doing so. Overriding a client's known wishes or consent is a serious matter that requires appropriate and comparable justification. Practitioners are accountable to their clients, colleagues, ARBPA and any other Member Associations to which they belong, if they override a client's known wishes.

- D.** Respecting client confidentiality is a fundamental requirement for keeping trust. The professional management of confidentiality concerns the protection of personally identifiable and sensitive information from unauthorised disclosure. Disclosure may be authorised by client consent, risks to safety, or the law. Any disclosures should be undertaken in ways that best protect the client's trust. Practitioners are accountable to their clients and to their profession for their management of confidentiality in general and particularly for disclosures made without their client's consent.
- E.** Practitioners take into account their responsibilities and their clients' rights under privacy legislation and any other legal requirements.
- F.** Practitioners working with Involuntary Clients take care to uphold the clients' autonomy and to obtain their consent within the limitations pertaining to their referral for counselling or psychotherapy services.
- G.** Working with children and young people requires specific training or professional development, ethical awareness and competence. Working with children and young people requires careful consideration of their capacity to give consent to receiving services, independent of parents' or carers' consent. Practitioners consider and assess the balance between children and young people's dependence on adults and carers, and their progressive development towards acting independently.
- H.** 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.
- I.** Prospective clients should be adequately informed of the risks of Radix before they enter ongoing Radix work. They should also be informed at the beginning of the work with the fact that the Radix procedure may involve working directly with the body in the form of touch, hands on, massage, exercises or movement.
- J.** The client should also know that they are free to reject any Radix procedure. Practitioners respond transparently to a client's request for information about their model of practice and assessment.
- K.** 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. Practitioners think carefully about, and exercise considerable caution before, entering into personal or business relationships with former clients. Practitioners remain professionally accountable if the relationship becomes detrimental to the client or to the standing of the profession.

- L. Practitioners are aware of their personal values or beliefs in relation to lifestyle, gender, age, ability, culture, religion, sexual orientation or identity, and are aware of the impact of these on the therapeutic process. If practitioners find themselves unavoidably and emotionally prejudiced towards a client it is recommended that they refer the client on to another agency or practitioner. For additional guidance, refer to the **ARBPA Position Statement on working with Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Clients and their Families (April 2016)**.

4.1.3 Dual and multiple relationships

Dual and multiple relationships, as defined in the Definitions section of this Code, represent a conflict of interest. Conflicts of interest are to be avoided, provided conflicts can be reasonably foreseen and prevented. In deciding how to respond to conflicts of interest, the protection of the client's interests and trust in the practitioner is paramount.

- A. Practitioners consider their motivation, possible outcomes and implications of entering into dual or multiple relationships with current or former clients. Practitioners avoid entering into relationships, particularly sexual and romantic relationships, which are likely to be detrimental to their clients, third parties and the standing of the profession.

Where dual and multiple relationships cannot be avoided, practitioners discuss the implications of this with their clients and/or seek guidance from their supervisors.

The possible impact of some forms of dual or multiple relationships, in terms of increased trust and deepening of the therapeutic relationship, are carefully considered to determine whether they are solely in the best interests of the client, for example, attending a client's wedding or birthday party at the request of the client.

- B. In small communities (e.g. rural, regional, remote or other communities of interest) it may be difficult to avoid dual or multiple relationships. In these circumstances, the management of dual and multiple roles requires particular attention and guidance from a supervisor. Seeking professional support via technology can be an option for avoiding difficult dual relationships.
- C. Practitioners pay particular attention to avoiding romantic or sexual relationships with current or former clients.
 - (a) Practitioners do not engage in romantic or sexual relationships with clients or close members of a client's family both during therapy and for a period of **at least two years post-therapy**.
 - (b) Practitioners do not engage in romantic/sexual relationships with former clients even after a two-year interval except in the most exceptional circumstances.

Practitioners need to be mindful of the sexual aspect implicit in the working relationship. For the protection of the client, the practitioner must not behave in any way that is sexually seductive and thus create ambiguity and confusion in

the relationship. If an attraction develops to a degree that may overly impair objectivity or could lead to romantic/sexual relations occurring it is the practitioner's responsibility to terminate therapy and refer the client elsewhere.

Practitioners who engage in romantic or sexual relationships with former clients bear the burden of demonstrating that there has been no exploitation of the client, in light of all relevant factors, including:

- the length of time since counselling or psychotherapy terminated.
- the nature, duration, and intensity of the Radix work.
- 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 Radix Body Psychotherapy work.
- any statement made or action taken by the practitioner during the course of counselling or psychotherapy suggesting or inviting the possibility of a sexual or romantic relationship with the client following termination.

D. While it is acknowledged that dual and multiple relationships are inevitable to some degree, the concurrent roles of trainer, supervisor and therapist are seen as completely distinct and practitioners are advised to avoid this form of dual relationship wherever possible.

4.1.4 Maintaining Competent Practice

A. Practitioners regularly monitor and review their work as this is essential to competent and ethical practice. It is important to be open to, and conscientious in considering, feedback from clients, colleagues and supervisors. Responding constructively to feedback helps to advance practice.

B. Practitioners are required to have regular and ongoing formal supervision for their work in accordance with professional requirements.

C. Practitioners to keep up to date with the latest knowledge and respond to changing circumstances. They should consider carefully their own need for continuing professional development and engage in appropriate educational activities in accordance with professional requirements.

D. Practitioners are aware of and understand legal requirements concerning their work, including mandatory reporting requirements. They consider these requirements conscientiously and are legally accountable for their practice.

E. Practitioners keep appropriate records of their work with clients for the purposes of accountability, service review and therapeutic planning. Records include summaries of client sessions, notes on any risk issues, emails, phone contact and web-based and SMS communications. All records should be accurate, respectful of clients and colleagues, and any component of session records protected from unauthorised disclosure.

- F.** Practitioners have a responsibility to monitor and maintain their fitness (mental, emotional, physical and wellbeing) to practice at a level that enables them to provide an effective service. If their effectiveness becomes impaired for any reason, including health or personal circumstances, they seek the advice of their supervisor or experienced colleagues and if necessary, withdraw from practice until their fitness to practice returns. Arrangements for ongoing access to counselling and psychotherapy should be made for clients who are adversely affected by the withdrawal.
- G.** Supervisors are responsible for maintaining and enhancing practitioners' work and for protecting clients from poor practice. Supervisors' evaluation of their supervisees' practice is contracted and made transparent.
- H.** Supervisors who advise their supervisees in more than one capacity (for example as a trainer, individual or group supervisor) maintain awareness of being in dual and multiple relationships and, far as possible, reduce conflicting roles. These dual and multiple roles are best distributed among different professionals. If this is not possible, supervisors inform their supervisee of the expectations and responsibilities associated with each role, and separate different roles in space and time. Supervisors are responsible for clarifying responsibility for the supervisee's practice.
- I.** Supervisors do not exploit supervisees for financial, sexual, emotional, academic or any other gain.
- J.** Supervisors do not have sexual relationships with supervisees, and carefully consider the implications of social contact with their supervisees in terms of whether the professional relationship is compromised. If, for any reason, the objectivity and capacity of the supervisor to professionally evaluate the supervisee's practice is affected, the professional relationship is terminated.

4.1.5 Addressing Client Complaints

- A.** Practitioners respond to any complaint and remedy any harm they may have caused to their clients and prevent any further harm being caused. An apology to the client may be an appropriate response.
- B.** Practitioners discuss with their supervisor or other experienced practitioner, 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.
- C.** Practitioners ensure that their work is adequately covered by professional indemnity and liability insurance.
- D.** Practitioners have a duty to disclose to ARBPA details of any criminal convictions or criminal investigations relating to their ethical conduct as a Practitioner, or upheld complaints of professional misconduct. Such disclosures are required when applying for, reactivating or renewing individual ARBPA membership in a practising membership category.

4.1.6 Monitoring risks to clients and others and reporting to statutory authorities

- A.** Practitioners are responsible for monitoring potential risks to clients and others and for reporting concerns to statutory authorities where a client or third party is at risk of harm. If there may be undue delay, contact the relevant Mental Health Service or Medical doctor immediately rather than waiting to discuss with a supervisor or experienced practitioner as the client's safety is paramount and may require immediate action.
- B.** Practitioners take action to protect clients or third parties from harm if the risks of harm are serious enough to warrant such action.
- C.** Practitioners protect clients when they have good reason for believing that other practitioners are placing them at risk of harm. If appropriate, practitioners raise any concerns with the practitioner in question in the first instance, and when appropriate with the practitioner's supervisor, ARBPA or other professional association. Practitioners seek advice if necessary from their supervisor or from ARBPA.
- D.** Practitioners do not disclose information about clients unless there is an unequivocal overriding and legal obligation to disclose or where failure to do so may involve serious risk of harm to the client, to others or to the Practitioner.
- E.** In the absence of legislation that requires unethical conduct by Practitioners to be reported to statutory authorities, Practitioners have an ethical and professional responsibility to report serious cases of ethical misconduct to ARBPA. ARBPA may act on such reports where it forms a reasonable belief that an ARBPA Member has behaved in a way that constitutes a Reportable Breach in relation to a Body Psychotherapy related role. This may include undertaking an investigation in accordance with ARBPA's Professional Conduct and Complaints Procedures or reporting the Reportable Breach to a statutory authority that has an interest in the ethical conduct of the Practitioner.
- F.** Practitioners delivering services to children must understand the requirements of the relevant state authority regarding Mandatory Reporting. Every state has separate and different legislation regarding Mandatory Reporting. This information is available from the [Australian Institute of Family Studies](#).
- G.** Practitioners report concerns about clients or third parties in accordance with any applicable mandatory reporting requirements.
- H.** Practitioners have a responsibility to participate fully in any Professional Conduct and Complaints Procedures, whether as the person complained against, or as the provider of relevant information.

4.2 Probity in Professional Practice

Probity means ensuring that practitioners are honest, fair, upright and trustworthy in the services they provide. The probity of counselling and psychotherapy practice is important for clients, their families and carers, and for the standing of the profession.

4.2.1 Providing clients with adequate information

- A.** Practitioners are responsible for clarifying with clients in initial sessions the terms on which their services are being offered, including any financial obligations associated with the service or any other reasonably foreseeable costs or liabilities.
- B.** Information provided about Radix Body Psychotherapy services is honest, accurate, avoids unjustifiable claims, and is consistent with maintaining the good standing of the profession.
- C.** Practitioners take particular care to accurately present their qualifications, professional accreditation and professional standing to clients.

4.2.2 Sensitivity to social and cultural contexts

- A.** Practitioners are responsible for learning about, and taking account of protocols, conventions and customs that pertain to human diversity and diverse social and cultural contexts.
- B.** Practitioners are informed of and acknowledge the history of Indigenous clients, their families and communities.

4.2.3 Financial Arrangements

- A.** Practitioners are honest, straightforward and accountable in all financial matters concerning their clients, counselling or psychotherapy practice, and other professional relationships.
- B.** Practitioners are transparent with their clients about any fees associated with the services provided, any changes to fees and any other reasonably foreseeable costs or liabilities.

4.3 Ethical Collegial Relationships

Counselling and Psychotherapy services are available in all regions of Australia working with clients from diverse backgrounds. Most practitioners therefore work with other practitioners in teams, organisations, counselling or psychotherapy practices, or in their region or community of interest. The quality of interactions between practitioners can enhance or undermine the standing of the Radix Body Psychotherapy profession.

4.3.1 Working with Colleagues

- A.** Collegial relationships are conducted in a spirit of mutual respect. Practitioners endeavour to establish and maintain positive working relationships and systems of communication that enhance services to clients at all times.
- B.** Practitioners treat all colleagues fairly and foster equality of opportunity.

- C. Practitioners' professional relationships with colleagues are not prejudiced by their personal views about colleagues' lifestyles, gender, age, ability, culture, religion, spirituality, sexual orientation, or sexual identity. It is unethical to discriminate against colleagues on any of these grounds, directly or indirectly.
- D. Practitioners do not undermine a colleague's practice by making unjustified comments.
- E. All communications between colleagues about clients should be professional, purposeful, respectful and consistent with the ethical management of clients' confidentiality.

4.3.2 Referral Processes

- A. All referrals to colleagues and other services are discussed in advance with clients in terms of the benefits for them. Clients' informed consent is obtained for making the referral and for disclosing information relevant to the referral.
- B. In making referrals, practitioners take care to ensure that:
 - colleagues or services are able to provide the required service.
 - confidential information disclosed in making the referral is adequately protected and respected.
 - the referral is likely to benefit the client.
 - the referral is made to the practitioner or service that can best serve the needs and interests of the client and not merely on the basis of reciprocal arrangements between practitioners or services.
- C. Prior to accepting a referral from a colleague or service, or from a client, practitioners carefully consider:
 - the appropriateness of the referral in terms of their training and experience.
 - the likelihood that the referral will be beneficial for the client.
 - the adequacy of the client's consent for the referral, especially in the case that the client is involuntary, a child or a young person.
 - any potential Conflict of Interest, particularly where referrals are for family members of a client.
- D. When appropriate, practitioners provide colleagues or services working with the same client with brief progress reports, to enhance the quality of services and reduce duplication. Progress reports are provided with clients' written consent.
- E. Practitioners do not offer or accept inducements for referrals or enter into arrangements that could be perceived as inducements.

4.4 Care of self as an ARBPA Practitioner

- A. Practitioners' pay attention to their own wellbeing as this is essential to sustaining practice.
- B. Practitioners take action to ensure that their work does not become detrimental to their own health or wellbeing.

- C. Practitioners ensure their practice is safe without taking undue risks to themselves, and seek appropriate professional support as the need arises.

5. Ethical Standards in other work contexts

ARBPA sets ethical standards for ARBPA Members who work in settings other than counselling and Radix therapy practice. ARBPA Members who also undertake work such as teaching, training and research in Radix are expected to follow the requisite ethical standards and codes of practice to these activities.

5.1 Ethical Standards in teaching and training

- A. Practitioners, ARBPA-accredited training institutions and related services are required to apply this Code.
- B. Radix based training institutions and trainers have a responsibility to foster an ethical culture through the development of structures, processes, contracts and procedures with staff and students that meet current educational and management standards.
- C. Radix 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.
- D. Radix Trainers ensure that the training programs and the learning experiences offered are in accordance with currently valid post-secondary education guidelines and those of other relevant associations.
- E. Radix Trainers and Radix Supervisors in training programs offer courses and provide supervision only in areas in which they have the requisite competence and experience.
- F. Radix Trainers do not exploit trainees for financial, sexual, emotional, academic or any other gain.
- G. Radix Trainers are fair, accurate and honest in their assessment of their students.
- H. Radix Trainers ensure that their students obtain prior consent from clients if they are to be observed or recorded.
- I. Radix Trainers obtain prior consent from their clients if clients' personally identifiable disclosures are to be used for training purposes.

5.2 Ethical Standards in Research

ARBPA is committed to fostering research that will inform and develop Radix Body Psychotherapy practice.

All Practitioners are encouraged to support research undertaken on behalf of the profession and to participate actively in research studies.

Ethical principles for undertaking Radix Body Psychotherapy research with human participants should be informed by weighing up the benefits of the research to the community and the risks to participants.

The following weblinks provide valuable resources for researchers, in addition to considering other relevant legislation and public guidelines.

NHMRC ethical principles for human research
(<http://www.nhmrc.gov.au/publications/synopses/e72syn.htm>);

Federal Privacy Legislation; Research involving Indigenous people
(<http://www.nhmrc.gov.au/health-ethics/ethical-issues-and-furtherresources/ethical-guidelines-research-involving-aboriginal->);

Principles of integrity in conducting and reporting on research
(http://www.nhmrc.gov.au/publications/synopses/r39syn_summary.htm)

- A.** Practitioners involved in Radix Body Psychotherapy research are required to do so within the provisions of this Code and any other relevant organisational guidelines of the institution.
- B.** Ethics approval is sought from the ARBPA Ethics Committee prior to commencing data collection.
- C.** All research is undertaken with rigorous attention to the quality, value and integrity of the research aims, method and implementation. 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.
- D.** The rights of all research participants are carefully considered and protected, including the right to give voluntary and informed consent to participate in research, and the right to withdraw from the research.
- E.** The potential deception of participants should be carefully considered in terms of ethical principles such as integrity.
- F.** Radix Researchers take care that their research methods do not adversely affect participants. Contact details for counselling and other relevant services are provided to all participants.
- G.** Dual relationships and conflicts of interest in the research role are carefully considered and avoided wherever possible.

6. Complaints Handling

Complaints and appeals about alleged ethical misconduct by a practitioner may be made using the ARBPA Professional Conduct and Complaints Procedures 2016.

All standards detailed in Section 4 of this Code are matters about which clients may make complaints against ARBPA Members. Complaints must meet the requirements

of ARBPA's Professional Conduct and Complaints Procedures 2016 and can only be heard by ARBPA where ARBPA has jurisdiction to do so. Please refer to the Professional Conduct and Complaints Procedures 2016 for details.

In the absence of a formal complaint about ethical misconduct by a Practitioner, concerns about misconduct may be reported to ARBPA. Where the alleged breach is a Reportable Breach, an investigation of the misconduct may be initiated by the ARBPA Ethics Committee using the ARBPA Professional Conduct and Complaints Procedures 2016.

Notes:

1. This document supersedes the previous document: ARBPA Code of Ethics (October 2015)
2. This document is to be read in conjunction with the ARBPA Code of Good Governance (October 2016) and the ARBPA Professional Conduct and Complaints Procedures (October 2016).