



MANCHESTER INSTITUTE  
FOR PSYCHOTHERAPY

*Low Cost Clinic*

HANDBOOK

This handbook has been written to provide a guideline for students and supervisors working within the Low Cost Therapy Clinic (LCTC) and The Manchester Institute of Psychotherapy. (MIP)  
It is not a definitive guide, however any clarification or further details may be requested from Bob Cooke, Clinical Director

Updates and additions to the original document will be made available to each student.  
Within this document, trainees in advanced psychotherapy training who are practising at the low cost therapy clinic will be referred to as students.

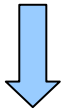
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## Flow Chart of LCTC

Client applies to MIP LCTC

Student applies to course tutor for placement and a completed work experience report is forwarded to the assessor.



Assessment



Approval goes forward to LCTC assessor



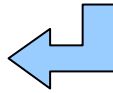
Assessor contacts student with client's details



Initial Session take place contract



Student completes client information sheet and Sessions takes place



Student attends supervision and the work experience form is forwarded with the tutor's report to the supervisor

Students complete weekly notes and file  
Attends supervision, personal therapy, LCTC meetings and training



Mutual agreement for sessions to end

Final session

1000/500 word report to be filed with supervisor within 6 weeks of completion of work

If applicable student applies for further clients

## **Mission Statement of The Manchester Institute Low Cost Therapy Clinic**

The Manchester Institute Low Cost Therapy Clinic is for the community who are either unemployed or on a low income. Often high quality therapeutic help is only available through a significantly difficult and often long winded process such as the National Health Service or over stretched voluntary services where a therapist or counsellor may not be available when the need is greatest.

In parallel, students who have completed at least two years of advanced training at The Manchester Institute of Psychotherapy will be offered the opportunity to work within a supervised clinical practice for one year.

This will give students the opportunity to gain both clinical and supervision hours towards their accreditation and also valuable experience.

Students will hold the MIP's Endorsement to Practice and will agree to practice and abide by MIP's Code of Ethics and Professional Practice and the guidelines within this handbook.

Initially, 10 voluntary students will work with clients, weekly for a maximum of one year.

## Preparation to Practice

It is imperative that the student has been endorsed as fit to practice by their course tutor. They will receive the MIP's Endorsement to Practice.

The course tutor will also sign each contract. It is the student's responsibility to gain the tutor's signature.

There will also be a short report from the tutor, to outline the student's growing edge and client profiles that will enhance their learning and practice.

This report will be available to the student, assessor and supervisor.

The student will complete the work experience report and hand it to the assessor when they apply to be placed. When a client is allocated the assessor will forward the work experience form to the allocated supervisor.

The student must gain appropriate insurance to practice, at their own cost.

If the student chooses to end, or for any reason is unable to continue training at The Manchester Institute of Psychotherapy, then their placement at the LCTC will cease.

Appropriate notice (when available) must be given to the Institute and to the LCTC, if the trainee's placement is to end.

The student must be aware of and agree to work and comply with The MIP's Code of Ethics and Professional Practice.

Students must ensure that they work within their capabilities. This will be checked out by the allocated supervisor.

The allocation of clients is the responsibility of the assessor and rooms will be allocated by the administrator.

Students will ensure that they have enough time and energy to work weekly with clients, including writing case notes and attending supervision and LCTC meetings.

A separate form must be signed by the client to allow the sessions to be recorded. It is of great value for both supervision and clinical reflection for students to record sessions and this is strongly recommended.

To gain a wealth of clinical tapes will be of great benefit when students need to provide recordings for their Diploma and CTA.

If the student has been allocated a room within part of the MIP that they are not familiar with, it is their responsibility before the initial meeting to acquaint themselves with local facilities and fire exits.

An appropriate time can be arranged through the administrator to familiarise themselves with the room and building.

It is advisable to ensure that the administrator holds up to date personal details of the student.

The student will need to co-operate with other MIP personnel and co-ordinate their therapeutic diary with their own training and personal diary.

Students should meet with their allocated supervisor, if possible before their initial session.

Students shall attend LCTC meetings which will generally be held on a Saturday lunchtime. It is foreseen that the meetings will take place quarterly. If it is not possible to attend then apologies must be sent.

## Ethics and Code of Professional Practice

*The Code of Ethics and Professional Practice will be open to periodic review by the Ethics and Professional Practice Advisory Committee of the Manchester Institute for Psychotherapy (hereafter MIP). Counsellors/Therapists are responsible for the observation of the principles inherent in the Code of Ethics and Professional Practice and are to use the Code as the basis of good practice rather than a set of minimal requirements. The Code of Ethics and Professional Practice may be revised periodically to ensure compatibility with the Code of Ethics and Professional Practice of the United Kingdom Council for Psychotherapy (hereafter UKCP).*

### 1 JURISDICTION

1.1 The Code applies to all categories of membership of MIP - Trainee, Graduate, Associate Teaching Member, Teaching Member - in the management of their professional responsibilities to clients, colleagues within MIP and the wider professions of Counselling and Psychotherapy.

### 2 INTENTION

The Code of Ethics and Professional Practice is intended to:

2.1 Protect and inform members of the general public who are inquiring about, or receiving, the clinical services of Members of MIP.

2.2 Make clear and explicit the standards of professional practice of Members of MIP and promote good practice.

2.3 In the event of a breach of Ethics and Professional Practice the Complaints Procedure may be invoked and appropriate sanctions may include suspension or termination of membership.

2.4 MIP is required to report to the UKCP the names of Members whose membership has been suspended or terminated.

### 3 CLIENT-THERAPIST RELATIONSHIP

3.1 The client-therapist relationship is a professional relationship within which the welfare of the client is the Member's primary concern.

3.2 The dignity, worth and uniqueness of the client is to be respected at all times.

3.3 It is the Member's aim to promote increased awareness, encourage self support, and facilitate the self development and autonomy of clients with a view to increasing the range of choices available to them, together with their ability/willingness to accept responsibility for the decisions they make.

3.3.1 Members are responsible for working in ways which enhance their client's sense of empowerment, their capacity to become self supporting, their ability to make creative choices and changes in response to their evolving needs, circumstances, values and beliefs.

3.3.2 Members should be respectful of their client's age, health, gender, sexuality, religion, ethnic group, social context and any other significant aspects of their life.

3.3.3 Members should provide regular opportunities to review the terms of the therapeutic contract and the progress of therapy.

3.3.4 Decisions regarding the termination of therapy are the joint responsibility of client and Member. Should a Member's professional assessment not accord with a client's decision to terminate, a Member should facilitate termination in a manner which is respectful of the client's autonomy. Termination of therapy or facilitation of a change of therapist should be managed with care and consideration for the client's dignity and well-being.

3.4 Members must recognise the importance of a good relationship for effective therapy and be cognisant of the power and influence this responsibility gives them. The Member must act in a manner consistent with this recognition and not exploit client financially, sexually or emotionally for their own personal advantage or their own needs.

3.4.1 Members should not take money under false pretences - knowingly retaining a client after therapy has ceased to be effective or increasing fees without prior negotiation with the client.

3.4.2 A physical, sexual relationship with a client is exploitative and unethical.

3.4.3 Sexual harassment in the form of deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are, or could be, considered offensive by the client, are unethical.

3.5 Members need to be aware when other relationships or external commitments conflict with the interests of the client. When such a conflict of interest exists it is the Member's responsibility to declare it and be prepared to work through the issues with the client.

3.6 Members need to recognise that dual relationships - where the client is also an employee, close friend, relative, or partner - will likely impair their professional judgement and cause undue stress to clients and themselves.

## 4 CONFIDENTIALITY

4.1 Confidentiality is intrinsic to good practice. All exchanges between Members and client must be regarded as confidential. Where a Member has any doubts about the limits of confidentiality she/he should seek supervision.

4.2 A client should be informed at the outset of therapy (as part of the therapist-client contract) that in extreme circumstances where the client is a danger to themselves or others, a Member may break confidentiality and take appropriate action.

4.3 When a Member wishes to use specific information gained during work with a client - in a lecture or publication, the client's permission should be obtained and anonymity preserved. Clients should be informed that they have a right to withdraw consent at any time.

4.4 Members should provide a working environment which ensures privacy

4.5 Members should not make trivialising comments about clients.

4.6 Members must maintain confidentiality after the completion of therapy.

## 5 CLIENT SAFETY

5.1 Members must take all reasonable steps to protect clients from physical or psychological harm during therapy.

5.2 When a client develops a medical condition, Members should encourage the client to obtain advice from their doctor or other suitably qualified person. Members should obtain clients' permission before contacting other professionals, unless there are overriding ethical or legal considerations.

5.3 Members should consider what provisions may be made for clients to be informed in the event of the Members serious incapacity or death. Responsibilities will include management of confidential files and audio/video recordings.

## 6 INITIAL CONTRACTING

6.1 Contracts with clients, whether written or verbal, should be explicit regarding fees, payment schedule, holidays, cancellation of sessions by client or Member. The length of therapy, transfer of clients and termination's, are discussed with clients and mutual agreement sought. This should be done at the outset before any commitment is made to ongoing therapy. Subsequent changes to the contract must be negotiated and agreed with the client.

6.2 If requested by a client Members should provide information about their qualifications and experience.

6.3 If requested by a client Members should provide information about MIP Codes of Ethics and

Professional Practice and MIP Complaints Procedure.

6.4 Members must inform clients if they become aware of any relevant conflict of interest at the initial interview or at any subsequent stage of therapy.

6.5 Members are responsible for setting and monitoring the boundaries between a professional relationship and a social one, and for making explicit such boundaries to the client.

## 7 COMPETENCE

7.1 Members accept clients commensurate with their training, skill and supervision arrangements.

7.2 Members should pay attention to the limits of their competence. Where a Member recognises they are reaching their limit then consultation with a colleague and/or supervisor is essential. It may be appropriate to refer the client to someone else.

7.3 Members have a responsibility to maintain their own effectiveness and ability to practice. Members should not work with clients when their capacity is impaired because of emotional problems, illness, alcohol or any other reason.

7.4 Members should protect their own physical safety when engaged in therapy.

7.5 Members should secure professional indemnity and public liability insurance to protect themselves in the event of legal action being taken against them or against the owners of premises in which they work.

7.6 Members should have appropriate therapeutic and supervisory support to maintain ethical and professional practice.

## 8 SUPERVISION

8.1 Supervision provides a challenging and supportive context for Members to share their work, enhance their effectiveness, and protect the client. Members should not practice without appropriate levels of supervision.

8.2 A Member's supervisor should not be their therapist.

8.3 Members together with their supervisors share responsibility for maintaining a focus on supervision which is purposeful and relevant to the Member's clinical practice.

## 9 CONTINUED DEVELOPMENT

9.1 Members have a particular responsibility to continue their personal and professional development through any or all of the following; personal therapy, regular supervision, further training, research, publication.

## 10 RECORDS

10.1 Members should keep adequate client records which must be kept safely under secure conditions.

10.2 As a minimum records should include client's:

- name, address and telephone number
- name and telephone number of general practitioner
- details of any current involvement with other members of the caring professions
- information regarding significant medical problems
- ongoing case recordings

10.3 Members must ensure that computer based records comply with the requirements of the Data Protection Act 1984.

## 11 ADVERTISING

11.1 Advertising should be confined to descriptive statements about the services available, and the qualifications of the person providing them. Advertising should not include testimonials, make comparative statements, or in any way imply that the services concerned are more effective than those provided by other schools of therapy or organisations. Members should refrain from claiming qualifications they do not possess.

11.2 Trainee Members should not describe themselves as a psychotherapist.

11.3 Members should not describe themselves as affiliated to any organisation in such a manner that inaccurately and improperly implies or suggests authorisation or sponsorship by that organisation.

## 12 RESEARCH

12.1 Members are obliged to conduct any research in counselling and/or psychotherapy with ethical endeavour and to follow the MIP guidelines for ethical practice in research.

## 13 LEGAL PROCEEDINGS

13.1 Members should be reasonably conversant with the legal implications of their work as counsellors/psychotherapists and have access to legal advice.

13.2 A member of the Manchester Institute for Psychotherapy who is convicted in a Court of Law for any criminal offence, or is the subject of a successful civil action by a client should inform the Institute.

13.3 Members who become aware of a specific crime in the course of their clinical practice, whether current or past, should seek supervisory and legal advice immediately.

## 14 RESPONSIBILITIES TO THE COUNSELLING/PSYCHOTHERAPY PROFESSION

14.1 Members should not accept anyone as a client if they are already the client of another counsellor/psychotherapist.

14.2 It is considered good practice to acknowledge the source of a referral of a client.

14.3 Members should conduct themselves personally and professional in ways which promote the confidence of the general public in the professions of counselling and psychotherapy.

14.4 A Member who is concerned about the professional conduct of another Member, should discuss their concerns with this person. In the event that the matter cannot be resolved satisfactorily, then the Complaints Procedure of MIP may be implemented.

To be read in conjunction with:

1.1 The ITA Code of Ethics and the Requirements and Recommendations for Professional Practice

This code is divided into four sections: Section 1 outlines the theoretical framework for the Code of Ethics, Section 2 the Ethical Code, Section 3 gives examples of the application of this framework,

and Section 4 outlines the requirements and recommendations for professional practice.

The following abbreviations are used: TA – Transactional Analysis, ITA – Institute of Transactional Analysis, EATA – European Association for Transactional Analysis, ITAA – International Transactional Analysis Association, and BACP – British Association for Counselling & Psychotherapy.

These codes replace all previous ITA Codes of Ethics and Professional Practice and are dated 1st March 2008.

## SECTION 1 – THE THEORETICAL FRAMEWORK FOR THE CODE OF ETHICS

### General Introduction

This Code replaces all previous ITA Codes of Ethics and is congruent with the EATA Code of Ethics. Appreciation and acknowledgment to the BACP is expressed for the guidance provided by their Code.

This Code is intended to guide and inform both organisations and individual members of the ITA in the ethical practice of transactional analysis.

In this Code the word ‘practitioner’ relates to all members of the ITA who use transactional analysis as a model for understanding and change with individuals, couples, groups or organisations and also includes the roles of supervisor and trainer. The word ‘client’ denotes any recipient of professional services of members of the ITA.

Within the helping profession, ethical principles need to address many areas in order to influence ethical behaviour. These are:

- \* Clients
- \* Self as practitioner
- \* Trainees
- \* Colleagues
- \* Our environment and community

TA practitioners will consider the philosophy, ethical principles and personal qualities and reflect on what stance to take and how to behave in each of the mentioned areas. The practitioner will analyse any situation looking at the influence of ethical principles on the practice and choose behaviours taking into account a wide variety of factors, e.g. client, self, environment, etc. A practitioner may wish to seek consultation with a qualified supervisor or qualified peer.

### Limitations

It is recognised that any Code of Ethics will have limitations. For example, Berne’s philosophy of TA was part of 1950’s America and has an individualistic rather than community based focus. This focus also remains largely true for the early 21st century United Kingdom. If there

where a shift of emphasis from a culture of individualism to one of community, then both this code and transactional analysis would need to change. It is therefore necessary that this code is considered within the context of benefit to the community as well as benefit to the individual.

## The Relationship between Morality and Ethical Practice

\*1 Morality – The evaluation of, or means of evaluating, human conduct especially a) a set of ideas of right or wrong; b) A set of customs of a given society, class or social group which regulate personal and social relationships and prescribe modes of behaviour to facilitate a groups existence or ensure its survival.

Ethics – The study of the general nature of morals and of the specific moral choices to be made by the individual in his relationship with others.

\*1 Definitions from The Universal Dictionary, Reader's Digest 1987

Any ethical code has therefore to be based in both the cultural norms of a country about what are right and wrong behaviours as well as account the particular customs and norms of the TA profession. So the ethical code needs to be rooted in both professional and social norms about how to behave. In practice this is not as straightforward as it seems as it may be that what is morally right in one situation is not morally right in another. As this is the case it becomes apparent that any ethical code which comprises a set of rules cannot fully account every situation nor adequately determine whether or not a course of action is right or wrong. It is therefore necessary to base any ethical decision on whether or not it is variance with our professional philosophy and our personal (moral) values. This code therefore offers a construct which incorporates these features.

This approach moves the arena of ethical practice away from the application of a set of rules, which denotes what shall or shall not be done, to a consideration of the values and philosophical principles which guide us in transactional analysis. It also enables practitioners to address more directly those issues of practice and approach that 'fall between' any rule driven Code of Ethics. A further advantage is that cultural differences are more easily incorporated when considered in terms of philosophy and value.

There are, however, some standards and requirements that are generally accepted by everybody in the profession as ethical and appropriate and breaches of them are therefore considered to be clear requiring little ethical thought. Therefore a set of obligatory rules are listed below.

### In Conclusion

Working ethically is a continuous demand on all practitioners in both their professional and private lives. Some ethical challenges are straightforward and are easily resolved. Other challenges are more difficult to determine when in seeking to act ethically, there seems to be competing obligations or principles. This code seeks to support the practitioner by identifying a variety of factors that influence ethical practice and to offer a variety of ways for the practitioner to consider various courses of action. No ethical code can ever cover every eventuality, nor can it lessen the difficulty of making a professional judgment in a changing and uncertain world. By accepting this code practitioners are committing themselves to the challenge of behaving ethically even when doing so requires courage in the face of moral dilemmas and difficult decisions.

## SECTION 2 – THE CODE OF ETHICS

It is intended that this Code represent an attempt to encourage thinking that permits the coexistence of differing views on ethical practice by stating primary principles in ethical practice. It will do this by basing the Code on four central and principles universally held in transactional analysis which are also congruent with the norms of society within the United Kingdom:

- \* The philosophical base from which we practice.
- \* The principles, which support and affirm our practice.
- \* Personal moral qualities of the practitioner.
- \* Clearly explicit, generally accepted rules of behaviour.

### Reporting Possible Violations and the Responsibility of the Practitioner

This Code addresses the ITA's commitment to openness and non-defensiveness. It is encouraged that concerned individuals raise their questions, concerns, suggestions or complaints with someone who can address them properly. In the case of an ITA member, in the first instance, it might be with their supervisor, trainer or qualified peer who is in the best position to address an area of concern. For members of the public this may be informally with a member of the ethics committee who can be contacted by telephone via 0845 0099101 or email [ethics@ita.org.uk](mailto:ethics@ita.org.uk). However, if complainants are not comfortable speaking with their supervisor, trainer etc. or are not satisfied with their response, they are encouraged to speak

with someone on the Ethics Committee or Professional Practice Committee. Contact details can be found in the ITA website [www.ita.org.uk](http://www.ita.org.uk) or on the above phone number.

Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation and appropriately address the ethical and professional issues involved.

### The philosophical base from which we practice

Our ethical practice must be grounded in our philosophy and the principles which support it. Practitioners will encounter situations that are not covered by specific codes or will be faced with having to decide between principles. In such circumstances any chosen course of action only becomes unethical if it can be shown that the practitioner did not take appropriate care with due regard to the philosophy and principles of TA. Any examples given have been developed as an indication of good practice and are not to be considered as comprehensive. The fundamental philosophy of transactional analysis is widely known and universally accepted within TA, namely:

- \* Everyone is OK.
- \* Everyone has the capacity to think and influence their life by the decisions they make.
- \* Any decision can be changed.

### Everyone is OK

This is defined here as meaning that whatever we may do or say, there is an essential core self that has value, dignity and worth. This core self has the potential and desire for growth and relationship. Acceptance of this philosophy ensures that the TA practitioner respects and recognises human rights and dignity. The practitioner accepts difference whilst at the same time seeks to alleviate distress and suffering and encourages growth and health.

Everyone has the capacity to think and influence their life by the decisions they make

This is defined here as meaning that we all have the ability to consider our situation, consider options for action and we are responsible for those actions. In summary, in the ability to think all practitioners have the capacity to test and evaluate thoughts and actions. Acceptance of this philosophy ensures that the TA practitioner acknowledges that every adult is responsible for his or her own thought processes and is also responsible for the consequences of what she or he decides. However every TA practitioner recognises that congenital abnormalities, physical damage and traumatic early life experience can limit the capacity of an individual to make such decisions.

Any decision can be changed

This is defined here as meaning that when we make a decision, we can later change that decision. Acceptance of this philosophy ensures that the TA practitioner is open and accepting of the possibility of change to meet altering situations and needs. The Principles which support and affirm our practice. We have two primary principles, which support and underpin our philosophy:

#### \* Open Communication

This requires that a practitioner will seek to maintain clear overt communication in their professional dealings with both clients and colleagues. It also means that where practitioners are aware of ulterior transactions they will seek to make them overt. Importance of sharing knowledge and insights with the client which is a central feature of this principle. Open communication means that all practitioners are clear in all matters of communication including, for example; advertising, information given about services, rules of confidentiality and working practice and disclosing information that might compromise the professional relationship.

#### \* The Contractual Method

This requires that all contracts are both clear and explicit as to the nature and purpose of the professional relationship and that both parties to the contract have clear, functioning Adult thinking. The contractual method respects a client's right to be self-governing and encourages and emphasises the client's and practitioner's commitment to an active process in enabling change. It means that practitioners seek freely given and adequately informed consent from their clients.

A further principle also guides our practice.

#### \* Above All Do No Harm

This was a central principle for Eric Berne. It requires that in all dealings with clients the practitioner seeks to avoid causing harm. To maintain this Principle practitioners are required to sustain competence through ongoing professional development, supervision and personal therapy where necessary. All practitioners have a responsibility to confront, where appropriate, incompetence and unprofessional behaviour in colleagues, and co-operate in any organisational action against those who discredit the good name of transactional analysis. See also Obligatory Code 1 below.

#### Note on the Principles

Observances of the above principles are central in encouraging and respecting the trust that clients place in the practitioner. All ethical practice can be judged against whether or not any action honours that trust. Personal moral qualities Ethical practice and moral action are inextricably linked with personal qualities. While it would

be unrealistic to suppose that ethical practice is based solely on personal moral qualities, such qualities significantly support and assist authentic rather than adapted ethical behaviour. All TA practitioners are strongly encouraged to aim for such qualities. It is recognised, however, that in any ethical process consideration of such qualities needs to be limited to their demonstration in

professional practice. Nevertheless if these qualities were not also demonstrated in an individual's personal life this indicate a lack of congruence and integration. Integrity: Demonstrated in openness, congruence and straightforwardness, in dealings with others.

Courage: The ability to act for what is believed as right in the face of fear, risk and uncertainty.

Respect: To show consideration and regard to others and to self and in the way that others perceive themselves.

Honesty: The capacity to demonstrate truthfulness, sincerity and trustworthiness in all interactions with others.

Compassion: The ability to experience concern and empathy for the suffering of another together with a desire to give support and help.

Humility: The ability to have a realistic understanding of one's own strengths and weaknesses.

Fairness: The ability to view events without bias or prejudice in order to inform decisions and take appropriate actions.

### Obligatory Codes

1. ITA members shall not exploit their professional relationship with any person to whom the ITA member is providing services in the member's field of specialisation. 'Exploit' means 'to take unfair or selfish advantage of the member's professional relationship with the recipient of services, in any matter including, but not limited to, sexual or financial matters.
2. Contracts with recipients of professional services shall be explicit regarding fees, payment schedule, holidays, and cancellation of sessions by client or practitioner, and frequency of sessions. The member shall make it clear whether the contract with the client is for therapy, training, supervision, consultancy or some other service.
3. Members of the ITA will operate and conduct services to recipient of professional services taking conscientious consideration of the laws of the country in which they reside and work.
4. All communication between the member and the client shall be regarded as confidential except as explicitly provided for in the contract or in compliance with relevant law.
5. In the event that a complaint should be made against a member, that member shall co-operate in resolving such a complaint and will comply in all respects with the requirements of the Procedures for Handling Ethics Charges, which are current at that time. Failure to do so will, in itself, be considered a breach of ethics.

### SECTION 3 – PRACTICAL EXAMPLES

#### Use of the Code

In any given situation the TA practitioner will consider how the philosophy and principles of TA, together with personal values apply. They will explore the situation along with their inner motivations in order to determine what attitude to take and how to behave in a way that is congruent with this code. Such deliberations will be aimed at a reduction of harm and will actively support the possibility of growth for the client.

## SECTION 4 – THE REQUIREMENTS AND RECOMMENDATIONS FOR PROFESSIONAL PRACTICE

There has been much confusion about the status of a 'code' and this has led to confusion as to whether or not any breaking of a code of professional practice is, in fact, a breaking of an ethical code. For this reason the words 'code' and 'guidelines' have been replaced by 'requirements' and 'recommendations'. Here requirements mean those regulations that are

essentials to belonging to the Institute of Transactional Analysis, the European Association of Transactional Analysis and, for psychotherapy members, the United Kingdom Council for Psychotherapy. Recommendations are those things that are held to be appropriate in order to maintain a high level of professionalism in our work (best practice) but are not compulsory.

Clearly the omission or breaking of a requirement will necessitate an organisational response (e.g. suspension of being Registered with the ITA) and not an ethical one. The breaking of a recommendation may result in confrontation from a colleague. Examples of concern over professional practice includes such matters as false or misleading advertising, misuse of the logo, derogatory comments about another member, or a suspected breach of Professional Practice requirements or recommendations.

Such complaints are assumed to be the result of oversight or lack of information on the part of the offending party. The individual concerned is contacted and asked to take action to correct the situation. If the person refuses, then it becomes clear that the offending action(s) was intentional and it may become grounds for lodging an ethical charge against the individual. If this is the case then the matter is referred to the Ethics Committee for action. When there is not a clear violation, but rather a dispute between members, the matter may be referred to the Committee for information and advice. If it is considered appropriate, the Committee may also provide some level of mediation.

N.B. Failure to meet professional practice requirements or recommendations may also carry with it ethical implications.

### Requirements

1. Insurance: Practising members will take out Professional Indemnity Insurance to provide cover in the event of a legal suit, or other claims that may be made against them (this cover may be provided by the member's employer). Members are advised to check their policy documents for clauses which may invalidate professional insurance e.g. disclosure of Professional Indemnity Insurance to a client. They are further advised to check that their insurance policy covers the full range of their professional activities, and that some provision for legal costs is included.

2. Qualifications: Members' statements concerning their professional qualifications and/or experience will be an accurate reflection of their status. Misrepresentation of qualifications may be illegal under the legal requirements for advertising and promotion that governs standards in commercial advertising and may jeopardise a member's present and future standing with the ITA.

3. Supervision: All practicing members will ensure that they receive appropriate supervision of their work on a regular basis from someone who is suitably skilled and qualified in their chosen field. The recommendation is a minimum of eight times (minimum of an hour per occasion) a year for Certified members.

4. Medical Backup: (specifically applies to Psychotherapy and Counselling members). When a

practitioner is working with a client who has a potentially serious medical or psychiatric condition, the practitioner shall ensure that he/she seeks appropriate medical support and advice for the continuation of treatment.

5. Duality of Roles: Members will avoid a duality of professional relationship in the following areas:

- Therapist/counsellor and supervisor to one person
- Therapist and examiner to one person.

Practitioners are also expected to consider the appropriateness and ethicality of other types of dual relationships e.g. when a therapist is being supervised by their client's trainer. N.B. See also under Duality of roles in the recommendations for Professional Practice.

6. Continuing Professional Development: Certified members are required to follow a process of continuing professional development which meets their learning and development needs as well as reflecting their specific working environments and field of application and personal interests. Practitioners are required to maintain professional competence in all areas of their

work. Demonstration of CPD is an annual requirement and necessary in order to maintain membership and/or registration with the ITA and UKCP. (Refer to CPD Policy, as set out by the Training Standards Committee and the ITA Code of Ethics No.15). Additionally for UKCP Registrants (with more than five years Registration with UKCP) a 5 year group peer review of all CPD is required. All such groups will require at least one member who is of a different therapeutic modality to TA.

7. Equal Opportunities Policy: All practising members are required to adhere to the ITA policy of equal opportunity and ensure that, as far as is reasonably possible, their services are available to all members of society. Training members will inform trainees of all fields of application in TA. (Refer to Equal Opportunities policy as set out by the Membership Committee).

8. Recognition of Training Hours. Only Provisional or full Teaching Transactional Analysts can offer training leading up to recognition as a Transactional Analyst within the ITA, EATA, or ITAA. A registered 101 Trainer who is a CTA may offer TA101 training.

9. Maintaining Records: All members shall maintain records of sessions and these shall be kept confidential in a secure place. Except as agreed in the contract or in compliance with the law, information can be disclosed only with the client's consent, unless the practitioner believes that there is convincing evidence of serious danger to the client or others if such information is withheld. Clients must be informed that practitioners may discuss their work with their supervisors. Supervisors and members of a supervision group shall treat material presented with the same care and confidentiality as provided for in the original contract. Particular care will be taken when presenting case material outside of the usual boundaries of supervision, e.g. for training or teaching purposes. In such cases where case material records are presented - whether printed, verbal, on tape, film, or video, or retrieved from electronic media - the client's consent in writing shall be obtained. Due consideration needs to be given as to the effect on the therapeutic relationship of asking the client's permission to use such material.

10. Maintenance of Professional Membership: All members are required to pay membership dues promptly. Training members are committed to maintain membership of the ITA in order to fulfil membership obligations to EATA.

11. Valuing, Maintaining and Developing Skills and Competence as a Practitioner (Certified or in Training). Practitioners are committed to expanding their range of skills and to recognise their limitations. It is part of their professional responsibility to seek information and advice from colleagues and also to refer clients to other professional services if this may be of benefit to the client. Professional services shall not be started or continued if the practitioner believes her/himself unqualified to meet the client's needs. Psychotherapists and Counsellors have a particular responsibility to promote further study and research into psychotherapy theory and practice, as well as continue their personal development and the development of their own professional skills and understanding of psychotherapy. Practitioners shall continue in regular ongoing supervision, personal development, and continuing education and accept responsibility for seeking their own psychotherapy as necessary. Practitioners have a responsibility to themselves, their clients and their professional body, to maintain their own effectiveness, resilience and ability to work with clients. They are expected to monitor their own personal functioning and to seek help and/or withdraw from practicing, whether temporarily or permanently, when their personal resources are sufficiently depleted to require this.

#### Recommendations

Professional Etiquette: Practitioners accepting clients for psychotherapy or counselling who are already in a professional relationship as a client with another psychotherapist, counsellor, psychologist or psychiatrist, will normally only do so following consultation with the other professional. Such clients need to be informed that normal practice requires that consultation take place with the professional responsible for their treatment prior to any proposed change or addition to their care. In doing so due account needs to be taken of the wishes and autonomy of the client.

\* Practitioners will not accept as clients anyone with whom they may have a pre-existing and potentially prejudicial relationship. To do so may be considered unethical.

\* For practitioners offering counselling or psychotherapy, they will not accept clients for therapeutic work who already have a counselling or psychotherapy contract with another practitioner unless it is specifically agreed with the all practitioners involved.

\* Practitioners will not solicit trainees or clients from other practitioners. Solicit means to gain trainees by making insistent requests, pleas or bribing.

\* Trainers will only agree to accept EATA training contracts with trainees who are under contract with another trainer following full consultation between all three parties.

\* Practitioners will inform clients, and obtain their written permission, if they intend to use any material from the client for research or publication.

\* Practitioners will maintain clear, 'above-board' contracts with their clients.

Duality of Roles: (See also under Duality of Roles in the Requirements above): It is a recommendation that practitioners will, as far as is practically possible avoid a duality of the following professional relationship. This means avoiding the following, except in geographical areas where to do so would create considerable difficulties.

- Therapist/counsellor and Trainer to one person

Fees: Psychotherapy and Counselling practitioners are responsible for charging fees which are commensurate with their qualifications and experience.

Protection: Practitioners need to make provision in their wills for an Executor of their professional estate in the event of their incapacity or death.

Records and the Security of Information:

- a. Records about clients should be kept safely under locked conditions to ensure privacy, and in a form that can be inspected by the client should he/she request this.
- b. Practitioners using computerised record-keeping need to be informed about requirements of the Data Protection Act and register if appropriate. (Refer to Data Protection guidelines issued by the Committee).
- c. Practitioners need to be aware that clients records can be required by the courts and so are advised to keep records and exam materials intact for a minimum period of eight years from the date of the last visit of the client, or if the client is a child until the client's 25th birthday or the 26th birthday if the client was 17 at the conclusion of the therapy.

EAPs and Professional Referral Schemes:

Any member responsible for running or managing a 'Therapeutic Service' such as an EAP or Professional Referral Scheme needs to ensure that it is well bounded and incorporates the following guidelines:

- a. Provision of an explicit, written outline of how this would work, including the remuneration involved. This would need to be given to the clients and counsellors/therapists/ administrators and everyone involved in the referral system, including referring authorities. Each contract needs to be explicit and agreed between the relevant parties
- b. An EAP differs from a referral service in terms of the three-cornered contract. In the case of an EAP, the therapist is paid directly by that service. In the case of a referral service, the therapist would usually pay a small fee to be a member and receive referrals.
- c. It is recommended that an administrator be employed to run the system, whose sole role would be to administer the system, and would have no dual role in the system.
- d. The counsellors/therapists receiving referrals need access to an independent supervisor.

Disputes between Trainers and Trainees:

Any disputes between a trainer and trainee will be dealt with through the complaints procedure.

## Allocation of clients

Clients will be allocated by the assessor appointed by MIP.

The assessor will be a qualified, experienced psychotherapist.

The allocation will be based on the client's requirements and choices.

If the therapeutic alliance between student and client is unable to be forged, then at the client's request another student may be allocated. The client will pay a second assessment fee.

It will be noted by the assessor the available students and their learning objectives outlined by their tutor and a match will be made possible, when possible.

When a client accepts the allocation, a file will be made by the MIP administrator

The student, and MIP personnel will have access to this file.

All MIP personnel will abide by a code of confidentiality.

A student will be allocated a minimum of one client and three clients. This will be dependent upon availability of clients, the assessor's matching client to student and the supervisor's and training tutor's recommendations.

As clients end their therapy, another client may be applied for by the student from the assessor. Therefore the programme is a rolling, fluid process and student's may gain further experience. It is vital that if the placement is coming to an end, then no long term work can be taken on, however short term work can be taken on.

## Practice

### Timings/Non attendance/Holidays

A session will last 50 minutes

The sessions will be weekly, by prior arrangement in an allocated room.

The times or location of the sessions may not be changed without prior permission of the LCTC staff.

If a client does not attend a session without due notice, the fee is payable

The student will be aware of the number of sessions available for the client and ensure that their work is finished within the year.

No relationship is possible with the client outside of the practice of the MIP's LCTC.

The student, if they were to leave the LCTC scheme or MIP may not see the client at another practice or location.

Within the year, it is absolutely necessary that holidays are taken by the student (therapist self care) Due notice must be given to both MIP and the client

It is likely that the client too, will have holidays these must be by notice and it is not acceptable for the client to take more than 8 weeks holiday a year.

If for any reason the student cannot attend the session, as much notice as possible must be given to the administrator at MIP.

Notes on sessions must be kept. These are to be in line with the code of Ethics and Professional Practice.

## Rooms

Students are reminded that the rooms they use are likely to be shared by other therapists. Therefore it is good practice to ensure that the rooms are checked quickly before each session.

Tissues are not provided by MIP or other therapists so students must bring these for clients (and themselves!)

Other therapist's tools may not be used without the prior consent of the owner.

If you chose to use therapeutic tools for your work, then it strongly suggested that these are brought into the rooms before the session and removed afterwards.

It is imperative that students are courteous to other therapists and clients by ensuring they are quiet within the building whilst others are working.

Please ensure that rooms are left tidy.

As previously stated the rooms will be allocated and the allocation must be adhered to, it is not permissible to change rooms without previous permission from the administrator.

## Clinical Reports

At the completion of the clinical work with each client, a 1000 word report on the experience gained and the work is to be submitted to their supervisor within 6 weeks. It is necessary for two copies of each report to be handed in.

Therefore, if the student over the period of twelve months has four different clients, four reports must be written.

One of these reports may be used for the student's application to the BACP, at the completion of their course. These will also be used towards the student's end of year assessment.

The report will be handed over from the supervisor to the assessor, who will mark and comment on the report. One copy will be held by MIP and the year tutor will use this at the end of the training year towards the student's end of year assessment. The second copy will be returned to the supervisor who will discuss the report and comments with the student. The student will keep the second report for their own files at home.

The assessor who marks the report will be chosen according to their appropriateness, as the possibility of dual relationships will be considered.

Again, this is an excellent learning opportunity for students, to gain extra experience in writing reports with clinical observations and experiences.

If the client work is less than six sessions, for whatever reason the report shall be 500 words in length. Two copies and the six week rule for submission are still applicable.

## Supervision

Supervision is a necessary and important part of both the learning experience and a sense of belonging for both students and experienced therapists.

Supervision will be provided free of charge by MIP. It is imperative that students attend for both legal and personal reasons.

The supervision will be in group format for students, at the MIP each calendar month. Students must inform the assessor if they are aware of the potential of a dual relationship. In line with ITA requirements, each student will be allocated an hour's supervision.

Only LCTC clients may be brought to this supervision, however reports and theory relative to the work is not only permissible, it is welcomed. Excerpts from taped sessions are of significant value for use within supervision.

Group supervision is a valuable learning environment where students can learn from their peers and their therapeutic experiences, as well as the experienced qualified supervisor who will be appointed by MIP.

The supervisor is available in critical situations outside of the group. This would be when the students are concerned that the client maybe at risk of self harm, harm to others or property. It is the student's duty of care to inform their supervisor by telephone as soon as possible.

If the student cannot attend the supervision group, then the opportunity will be lost. If a student cannot attend the group, then the supervisor must be notified as soon as possible.

If a student does not attend the supervision group for two consecutive months, or misses two groups within a year they will need to be assessed again by their tutor and supervisor on their work and commitment to the LCTC.

If it possible, the student will join the group before they see their first client, to introduce themselves to the group and supervisor.

Upon receiving the Endorsement of Competency a supervisor will be allocated. If circumstances change, and the possibility of a dual relationship becomes a concern, another supervisor will be allocated as soon as possible.

At the end of the twelve month placement a short report from the supervisor will be given to the student at their final supervision, a copy will be held by the MIP.

## LCTC Meetings

It is foreseen that LCTC meetings will be held quarterly on Saturday lunchtimes, with a minimum of two each year.

The meetings will last for approximately 90 minutes, or as long as necessary.

Students will be given a minimum of one month's notice for the meetings.

There will be a facilitator at each meeting.

If a student cannot attend a meeting, then notice must be given to the administrator and discussed at their following supervision.

If a student misses more than two meetings, then they will have to be re-assessed by their course tutor and their LCTC supervisor, regarding their commitment to the LCTC.

At each meeting there will be an opportunity for a questions and answer forum.

Only LCTC business is to be discussed at the meetings.

## Paperwork

It is necessary for paperwork (forms, client notes and reports) to be completed in a professional and timely manner.

With the only exception being their reports and the recording consent form (If completed), the student cannot take copies of their paperwork outside of the MIP. This is to ensure that client confidentiality and the data protection act is complied with.

Upon acceptance of a client, a file will be made by the MIP administrator which complies with the data protection act.

All paperwork is to be considered confidential and all LCTC personnel and students will abide by the MIP's code of Professional Practice and Ethics and the guidelines within this handbook.

All LCTC personnel will have access to the paperwork and this does not mean that the paperwork will be scrutinised by all personnel.

If there is a need for clarification on any aspects of the paperwork, then the query should be addressed to the Clinical Director or administrator of the LCTC.

Students will be contacted by letter or notified at a LCTC meeting if there are any change to the format or requirements regarding paperwork. A calendar month's notice will be given regarding any changes and a clear indication of when the changes are to take place.

If a recording contract is made with the client then it must be held within the client files at the MIP, the student may photocopy this agreement and keep it safe in their personal files.

No recordings of the sessions may take place before the written consent of the client has been gained.

Tapes are to be labelled in a non-identifying manner and they are to be stored and kept safe by the student. The client has the right to withdraw their consent at any time.

## Appendix

1. Three Way Contract
2. Clinical Competency Check list
3. Client's information sheet
4. Recording Contract
5. Tutor's report for the assessor/supervisor
6. Supervisor's report (To be completed at final supervision)
7. Students Self Assessment/Relevant Work Experience Report
8. Client timetable

## Three way contract at The Manchester Institute of Psychotherapy For the Low Cost Therapy Clinic

This is a three way contract for therapy between the client, the trainee in advanced psychotherapy training (known as the student) and the Manchester Institute of Psychotherapy (MIP)

**MIP will:**

Initially have the written confirmation of the student's tutor that the student is competent to practice  
Ensure the student is in regular supervision, will monitor and evaluate the student's clinical practice  
Advise the client if there are grounds for discontinuing the placement, e.g. If the student leaves the training  
Provide a suitable venue  
Provide a secure filing system  
Provide a minimum of one and no more than three clients for the maximum of one year

**The Student will:**

Attend MIP training and remain in regular therapy and supervision.  
Attend meetings that are pertinent to the Low Cost Therapy Clinic  
The student will ensure that they practice and abide to the MIP's Codes of Ethics and Professional Practice  
The student is responsible for completing the client information form and filing notes on sessions  
Report to MIP and their supervisor any issues that may impact upon their ability to practice  
The student may not under any circumstances see the client after the period of twelve months or move the client to another practice without prior permission of MIP

**The Client will**

Inform MIP if their financial circumstances change  
Pay the appropriate fee to MIP weekly. The fee is still payable if less than 48 hours notice is not given to MIP  
Inform MIP if they are unable to attend the session, after two weeks if there is no contact then the contract will be presumed as broken and the work completed  
At the end of the work, a final session is to be attended and paid for, to ensure an appropriate and mutually satisfactory ending is made  
One session to held weekly over the maximum period of one year.  
The client cannot see the student at any other practice except MIP  
Recognise when a appointment time and day is agreed, due to organisational commitments then this cannot be guaranteed to be changed

**Course Tutor**..... , on behalf of MIP I believe that .....is competent to practice  
Signature.....  
Date .....

**Client I**, .....have read and understood the contract  
Signature .....

**Student**, I, .....have read and understand the contract, I will abide by the MIP Code of Ethics and Practice and the practice of MIP Low Cost Therapy Clinic  
Signature .....

It is the responsibility of the student to get this contract signed by each party, then for it to be photocopied, and one copy for MIP (to be kept in client file) and another for the client to be given within 4 weeks. At any time I understand my supervisor may check to ensure these and other paperwork are complete.

## Clinical Competencies

No.	Description	Yes / No
1	Listen actively / summarise / paraphrase.	Yes / No
2	Can establish bilateral mutual continuity with a well defined outcome.	Yes / No
3	Describe clinical intervention made with clients in TA theoretical terms.	Yes / No
4	To demonstrate the ability to master verbal and non-verbal contacts with the client.	Yes / No
5	Demonstrate the ability to establish and maintain boundaries.	Yes / No
6	Ask open questions and not closed questions within the therapeutic session.	Yes / No
7	Treat clients with dignity, respect and integrity, i.e., come from, I ok – you ok position	Yes / No
8	Ability to listen, non-judgementally and with openness.	Yes / No
9	Ability to facilitate the client, to talk openly and freely.	Yes / No
10	Is able to demonstrate intervention that facilitates contract resolution.	Yes / No
11	To demonstrate the ability to reflect on their possible counter- transference, and the transference process	Yes / No

## Information Sheet

Full Name

Date of Birth

Address (If new information the client must inform the student)

Next of kin/to be notified in an emergency

Doctor's name and address/phone number

Details of any medication/illnesses

Family History (Parents/siblings/children/significant others)

Reason for attending

Outcome required/other information

## Recording Contract

I, .....have been asked to give my consent for recordings of my sessions with ..... to be recorded.

I understand that it is ordinary for students to record sessions and this is necessary for reflective practice, supervision, research practice and examinations.

I understand that I can withdraw my consent at any time and I have been assured if this is my choice, this will not impact upon the therapy.

I have the choice to ask for all previous recordings to be erased at any time, the exception being if it is one calendar month before an examination. However, the recording will be erased immediately after the completion of the examination.

The recordings will only be used for clinical supervision, research or examination purposes. They will not be heard by anyone who is not bound by a professional code of ethics and confidentiality.

I understand that identifying information, such as my name, names of others, places and other details will be changed to protect me.

I understand that the student will be responsible for the safety of the recordings, keeping them safe and secure. This includes the use of passwords if the recordings are kept on a memory stick, pc or laptop.

I understand that the recordings will be erased when the student has completed their training at the very latest.

I confirm that I have not been put under any pressure to consent to recording

I give my consent to the recording of my sessions

Student's name.....Date ..... Signature.....

Client's name.....Date.....Signature.....

Two photocopies of this contract are to be made by the student, one for the client and the second for the student's records. The original is to be filed at MIP.

## Tutor's report

Date of report

Tutor

The student.....has completed .....years of clinical training and has been endorsed to practice.

To gain the maximum advantage from the placement at MIP LCTC then the student would benefit from working with clients.....

This is because.....

The student's growing edge is.....

Tutor's signature ..... Date.....

Student's signature..... Date.....

If the tutor believes that circumstances have changed and that for whatever reason, is unsure if the trainee is unfit to practice, it is the tutor's responsibility to discuss this with the trainee and the trainee's supervisor

Three copies of this report are to be photocopied by the student, the original is to be given to the assessor, then filed when client(s) are allocated, one copy for the supervisor, one copy for the tutor and one for the student's own records.

## Supervisor's Report

Date of report

Supervisor

Page 1 of 3

The student, .....has been in group LCTC supervision for .....months

Of the possible..... groups ..... have been attended

(Reasons for non attendance and notification)

Number of clinical practice hours at LCTC

Please comment on the student's ability to:

Establish a therapeutic alliance

Assess the client's suitability

Work with the therapeutic relationship

Critically reflect on the therapeutic process and on his/her own functioning

Make effective use of the supervision group

Ability to identify, clarify and assess clinical issues

Page 3 of 3 Student ..... date of report ..... Supervisor.....  
Ability to self monitor

Demonstrate an ethical understanding to support their practice

Demonstrate a capacity for autonomy in their practice

Work pro-actively and co-operatively to formulate solutions to ethical issues

The student identified 'growing edge' was .....  
In their practice they have worked in this area (assessment and example)

Signature of Supervisor..... Date.....

Signature of Student .....Date .....

Signature of Year Tutor..... Date .....

If the supervisor believes that circumstances have changed and that for whatever reason, is unsure if the trainee is unfit to practice, it is the supervisor's responsibility to discuss this with the trainee and the trainee's tutor

When completed and discussed with Student the student will make two copies, MIP files to hold one, Supervisor and student to have the others.

## Students Self Assessment/Relevant Work Experience Report

Student

Date form completed

Allocated MIP LCTC Supervisor

Assessor

Experience of being in therapy (No of hours and dates)

Experience of supervision (No of hours and dates)

Counselling/Therapeutic Qualifications (Including date achieved and accrediting body)

Relevant experience (Voluntary or paid work including dates)

Areas of personal interest

Areas of competency

Areas of growth

The student will complete this form upon application to be placed at LCTC and hand to assessor. Upon client allocation the form will be forwarded to the relevant supervisor.



## GUIDELINES FOR WRITING END OF PLACEMENT REPORT

1. Introduction of client and presenting issues.
2. Diagnosis and treatment plan used.
3. Transference issues, including A Transference Model.
4. Include contracts and final outcome.
5. Professional reflection and personal learning.

(Minimum 1000 – Maximum 3000)