



Code of Ethics

March 2017

NLPtCA INFORMATION & ADMINISTRATION
NLPtCA

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NLPtCA is the trading name of the Neurolinguistic Psychotherapy and Counselling Association

Company limited by guarantee registered in England No. 3732953

1. Introductory Statement

- 1.1. This code of Ethics and Practice (the 'Code') is established in accordance with the Constitution of NLPtCA.
- 1.2. In this Code the expression 'Member' shall mean a member of NLPtCA practising or training to practice psychotherapy and/or counselling.
 - a) A Member shall inform NLPtCA of the practice name if it differs from the name and surname as registered with NLPtCA.
 - b) A Member has to be registered with NLPtCA for one year prior to application for accreditation.
- 1.3. It is a condition of NLPtCA membership that each applicant for membership undertakes in writing:
 - a) to be bound by the terms of the Code of Ethics and Practice.
 - b) to be currently taking Supervision at the required level.
 - c) to hold valid professional indemnity insurance. If a Member is practising also as other than NLPt, then the insurance must also cover their other psychotherapy practise in order to remain Member of NLPtCA
 - d) and to undertake Continuing Professional Development that meets the requirements as determined by NLPtCA.
- 1.4. Members are also required to acknowledge their commitment to supporting the aims of NLPtCA, through
 - a) providing a professional expression of NLPt to the wider professional community
 - b) contributing to the attainment of the Board's objectives, in line with constitutional requirements.
 - c) acting in a professional and supportive manner with fellow members and interested parties.
- 1.5. 'Professional Misconduct' means any action which is contrary to the specific values of Practice set out in the Code.
- 1.6. Breach or violation of the terms of the Code may lead to termination of membership of NLPtCA, or unsuccessful reapplication.
- 1.7. The resignation of a Member shall not be allowed to impede the process of any investigation or disciplinary action as long as the alleged complaint or breach of the Code took place during the Member's membership.
- 1.8. In addition to abiding by the specific rules of conduct contained in this Code, NLPtCA members are required to adhere to the general ethical principles upon which the Code is based in such a way as to support the reputation and good standing of the professions of counselling and psychotherapy, to ensure at all times the interests of patients or clients, and to maintain good practice in the professions of psychotherapy and counselling.
- 1.9. Members are reminded of their responsibility & obligation to apply this policy to all relationships including: clients, applicants, students, colleagues, members of the public, employees & sub-contractors

- 1.10. This document incorporates the UKCP's Ethical Conduct Guidelines and good practice from with BACP guidelines.
- 1.11. Respecting the diversity of others is implicit within the experiential constructivist mindset, where the focus is on operating from another's model or map of the world. Members are required to be mindful at all times of the interface between their own map and the map of others.

2. Responsibilities to Clients

- 2.1. Members are expected to approach their work with the aim of resolving distress and promoting the well being and potential of their clients. Members should endeavour to use their abilities and skills to their client's best advantage.
- 2.2. Members are required to present themselves, their experience and practice accurately and unambiguously.
 - a) Members are required to inform clients or potential clients who so request, as to their training and qualifications.
 - b) All displayed certificates need to be current and valid.
 - c) Advertising and promotion shall be consistent with the requirements in Section 7 of this Code.
 - d) Members must not display an affiliation with or hold themselves out to be connected with an organisation in a manner which falsely or misleadingly implies the sponsorship or endorsement of that organisation.
- 2.3. Members are required to contract with clients in such a way as to establish expectations clearly in the minds of both the therapist and client. Explicit re-contracting is required to meet changing circumstances or demands throughout the duration of the therapeutic relationship.
 - a) Members are required to discuss with clients the expected number and duration of sessions, the fees, if any, which will be charged and the method of payment.
 - b) Members are responsible for discussing with clients
 - the client's own expectations of the outcome or preferred outcome of the consultation
 - the methods which will be involved in attaining that outcome
 - relevant relationships with supervisors or others to whom the Member owes accountability
 - methods of recording information including by electronic means.
 - c) Members who offer other services, such as reflexology, coaching or homeopathy, must ensure that every client is clear in advance of any session, what service or services are being offered. Additional services should not be introduced into a psychotherapy or counselling consultation unless this was agreed prior to the consultation.
- 2.4. Members need to be aware of others who are involved in and who influence directly or indirectly the welfare of the client.

- a) Members should confirm as far as is possible with their clients what other professional therapeutic relationships or methodology the clients may be involved in or undergoing.
 - b) The Member must obtain the client's permission if s/he wishes to contact other professional workers regarding any such relationships. This is to ensure protection of the client's best interests.
- 2.5. Members should obtain adequately informed consent from their clients at the start of the therapeutic relationship.
- a) This is especially important before any form of physical contact, such as anchoring, is initiated and questions relating to sexuality, sexual experiences and fantasies.
 - b) If a client so requests a chaperone or support worker can be present during the consultations.
 - c) Members need to be aware when they are operating from within the client's implicit as opposed to explicit consent.
 - d) Overriding a client's known wishes or consent is a serious matter that requires commensurate justification. Members should be prepared to be readily accountable to clients, colleagues and professional body if they override a client's known wishes.
- 2.6. Members need to manage the conclusion of the therapeutic relationship in line with the client's outcomes and the needs of the therapist
- a) Members have an obligation to work with their clients to end the consultation when either the client has received the help the client sought or where it is apparent to either party that the consultation is no longer of use.
 - b) Members should respect a client's right to choose to withdraw and any request for no further contact.
 - c) Members who become aware of a conflict between their obligations to a client as set out in this code and any legal or ethical obligation to another agency or organisation or other personal contacts will discuss with and make explicit to the client the nature of those loyalties and conflicts.
- 2.7. Members need to apply the principles of confidentiality, mindful that the psychotherapy / counselling relationship is confidential between the Member and client.
- a) The fact that a person is or has been a client, or has enquired about becoming a client, must remain confidential.
 - b) The content of any interaction between Member and client is confidential and must not be disclosed.
 - c) Contact by the Member regarding the client's therapeutic relationship with the Member with third parties including relatives and friends of the client should happen only with the express knowledge and consent of the client. Exceptions may only be made in the following circumstances
 - where minors (under 18) are involved and any legal rights to confidentiality have been reviewed

- in the case of clients who the Member has reason to believe would be a danger to themselves or to others
 - if disclosure is ordered by a Judge, Coroner or other similar official having such powers.
- d) Personal information about the client, whether obtained directly from the client or indirectly or by inference, must at all times be regarded as confidential and where possible the client must be informed before any disclosure (as regulated by this Code) is made. Where the client is a minor, any action taken by the Member must be in accordance with The Children Act 1989 or other applicable legislation. Death of the client does terminate this obligation.
 - e) All material about clients held in hard copy, computer files, electronically on backup, web, cloud, shall be secure and conform to the requirements of the Data Protection Act 1998 and any subsequent revision.
 - f) Should the Member be faced with a conflict between responsibility to the client and any legal obligations, the Member must conform to legal requirements.
 - g) The member agrees to keep records as are appropriate to properly carry out the service offered. All records should be accurate, respectful of clients and colleagues, and protected from unauthorised disclosure. The member commits to store and dispose of any personally identifiable records or data securely in order to protect the clients confidentiality.
 - h) It is recommended that content records: sessions' notes, supervision and subjective notes are shredded 1 year after the end of contract. Factual notes and details are kept securely for a minimum of 6 years.
 - i) The Member must disclose or explain to the client the nature and extent of the duty of confidentiality that they have and the circumstances where the duty of confidentiality may be breached - in accordance with the law and this Code of Ethics.
- 2.8. Members need to be aware when they are unsuited to addressing particular clients and/or their presenting problems. Members need to be aware when the following contra-indications apply to them.
- a) Members need to respond to their levels of congruence/incongruence about working with the client and the client's outcome.
 - b) Members must be aware at all times that there are limits to their own competence.
 - c) In particular, working with children i.e. under 18 years of age and vulnerable adults, requires specific ethical and legal awareness and specialised training and competence. Also, note must be taken of DBS/CRB requirements. See 4.3 for specialist training requirements. The Member undertakes to know and understand the legal responsibilities concerning the rights of children and vulnerable adults. The Member is required to consider and assess the balance between the individual's dependence on adults and carers and their progressive development towards acting independently.
 - d) The Member undertakes to actively consider issues of diversity and equalities as these affect all aspects of their work. Members need to regularly monitor their personal patterns in areas of gender, religious or cultural beliefs - this applies in terms of the Member's possible rejection, over compensation, fear or

anxiety, and/or affinity, behaviour towards the client - and not allow prejudice to adversely affect the way they relate to the client. The Member recognises that their behaviour outside their professional life may have an effect on the relationship with their client and takes responsibility for working with these potential or negative effects to the benefit of the client.

- e) Members need to examine the origin of their own beliefs in relationship to various disadvantaged groups, and be mindful of their own bias and discriminatory practices.
 - f) Members need to recognise when they cannot disassociate from their own map and this bias or prejudice prevents them from congruently sustaining their focus on the client's perspective.
 - g) Members are able to refuse to work with a client where there is a potential of personal injury to the therapist or client.
 - h) Members are able to refuse to work where the client is incapable of cognitive processing whilst under the influence of drink or drugs.
- 2.9. A Member shall be free to choose whom s/he shall accept as a client, subject to legislative conditions.
- a) Members need to apply appropriate and sensitive mechanisms to address contra indications.
 - b) Members must be prepared, in consultation with the client, to make an appropriate referral where necessary to another professional. Where possible a choice of other professional must be given to the client. In making such a referral, it is the responsibility of the Member, as far as is reasonable, to verify the competence and integrity of the professional to whom the client is referred.
 - c) Members can recontract with the client, to either incorporate the therapist's limitations, or reclarify boundaries, postpone appointment until client is ready or to renegotiate the client's outcome.
- 2.10. Members should normally be willing to respond to their client's requests for information.
- a) This professional requirement does not apply if it is considered that imparting this information would be detrimental to the client or inconsistent with the counselling or psychotherapeutic approach previously agreed with the client.
 - b) Members need to be prepared to offer information regarding the way that they are working and any assessment that they may have made.
 - c) Members need to make current client records available to the client on request.
 - d) Members need to be aware of and take into account a client's legal right to information.
- 2.11. Situations in which clients pose a risk of causing serious harm to themselves or others are particularly challenging for the practitioner.
- a) These are situations in which the members should be alert to the possibility of conflicting responsibilities between those concerning their client, other people who may be significantly affected, and society generally.

- b) Resolving conflicting responsibilities may require due consideration of the context in which the service is being provided.
 - c) Consultation with a supervisor or experienced therapist is strongly recommended, whenever this would not cause undue delay.
 - d) In all cases, the aim should be to ensure a good quality of care that is as respectful of the client's capacity for self-determination and their trust as circumstances permit.
- 2.12. Members should recognise the importance to them and to their clients of a good working relationship and, in addition, the power and influence that this relationship can give the Member. The Member must act accordingly in the client's best interests.
- a) Members must not exploit clients in financial, sexual or other ways. In social situations, a clear distinction between personal and professional relationships must be maintained and it is the responsibility of the Member to maintain that distinction.
 - b) Members shall not sell to clients products and/or services to such an extent that s/he derives a significant proportion of her/his psychotherapy or counselling income from such sales.
 - c) Sexual relations with clients are prohibited. 'Sexual relations' include intercourse, any other type of sexual activity or sexualised behaviour.
 - d) Physical violence must not be used against clients although, exceptionally, physical restraint is permissible for the protection of person or property in accordance with the law.
 - e) Members should think carefully about, and exercise considerable caution before, entering into personal or business relationships with former clients and should expect to be professionally accountable if the relationship becomes detrimental to the client or the standing of the profession.

3. Publication and Research

- 3.1. The Association is committed to fostering research that will inform and develop practice. All members are encouraged to support research undertaken on behalf of the profession and to participate actively in ethical research work. It is strongly recommended that members familiarise themselves with a relevant Code of Good Practice in research prior to engaging in any research.
- 3.2. Members must obtain where possible the verifiable consent of the client for the publication of clinical material. The anonymity of the client shall be preserved unless prior written consent has been obtained. The Member shall not publish or use material that the client has requested should not be so used.
- 3.3. Members are required to clarify with clients the nature, purpose and conditions of any research in which clients are to be involved and to ensure that informed and verifiable consent is given before commencement.
- 3.4. All research should be undertaken with rigorous attentiveness to the quality and integrity both of the research itself and of the dissemination of the results of the research.

4. Fitness to Practise

- 4.1. Members have a responsibility to monitor and maintain their fitness to practise at a level that enables them to provide an effective service.
 - a) If their effectiveness becomes impaired or if they believe it is becoming impaired, including health or personal circumstances, they should formally review with their supervisor.
 - b) It may also be advisable to consult others, such as an experienced and impartial colleague or line manager.
 - c) If necessary, a member should withdraw from practice until their fitness to practise returns. Suitable arrangements should be made for clients who are adversely affected.
- 4.2. Attending to the member's well-being is essential to sustaining good practice.
 - a) Members have a responsibility to themselves to ensure that their work does not become detrimental to their health or well-being by ensuring that the way that they undertake their work is as safe as possible.
 - b) Members need to seek appropriate professional support and services as the need arises.
- 4.3. Members are required to recognise that some areas of therapy deserve specialist training.
 - a) These include but are not limited to child (under 18 years of age) psychotherapy, group, couples and family work, childhood sexual abuse and other severe trauma, body-oriented psychotherapy, sexual identity and sexuality work.
 - b) Members working with children will be fully conversed with and abide by the UKCP Child and Young Person Proficiency Marker.
 - c) Members must not advertise such specialist services unless they have undergone a recognised training and met other course requirements of such training, such as placement and specialist supervision.
 - d) If a member is in doubt about whether qualifications would be recognised, [their](#) Supervisor should in the first instance be consulted, and then NLPtCA if required by Supervisor.
 - e) Any therapist who is providing child therapy, family therapy, couples therapy or group therapy *without having been specifically trained in these areas, will automatically be deemed to be working outside their area of competence*, and be, therefore, liable to disciplinary action if a complaint were made.
- 4.4. All members are required to have regular and on-going formal supervision in support of their work as a member or supervisor.
 - a) Members must continually appraise for themselves and with their supervisor/s the effectiveness of their approach. Members have an obligation to seek appropriate advice if they feel unable to perform effectively and appropriately.
 - b) Regularly monitoring and reviewing one's work is essential to maintaining good practice. It is important to be open to, and conscientious in considering feedback from clients, colleagues, appraisals and assessments.
 - c) Members need to be receptive to feedback as part of their development.

- 4.5. A commitment to good practice requires members to keep up to date with professional developments and changing circumstances. They should consider carefully their own need for continuing professional development, review with a supervisor and engage in appropriate activities.
- 4.6. Members should be aware of and understand any legal requirements concerning their work, consider these conscientiously and be legally accountable for their practice.

5. Working With Colleagues

- 5.1. The increasing availability of counselling and psychotherapy means that most members have other practitioners working in their locality, or may be working closely with colleagues within specialised or multidisciplinary teams.
 - a) Members need to ensure the quality of the interactions between practitioners in order to enhance or undermine the claim that counselling and psychotherapy enable clients to increase their insight and expertise in personal relationships. This is particularly true for members who work in agencies or teams.
 - b) Professional relationships should be conducted in a spirit of mutual respect. Members should endeavour to attain good working relationships and systems of communication that enhance services to clients at all times.
 - c) Members need to be mindful of the advantages of all types of modalities, and recognise the similarities as well as the differences between the modality of NLPt and others.
- 5.2. Members should treat all colleagues fairly and foster equality of opportunity.
 - a) They should not allow their professional relationships with colleagues to be prejudiced by their own personal views about a colleague's gender, religious or cultural beliefs, social, economic or immigration status, race, lifestyle, sexual orientation, age, disability and beliefs.
 - b) It is unacceptable and unethical to discriminate against colleagues on any of these grounds.
 - c) Members must not undermine a colleague's relationships with clients by making unjustified or unsustainable comments.
 - d) All communications between colleagues about clients should be on a professional basis and thus purposeful, respectful and consistent with the management of confidences as declared to clients.
- 5.3. Any Member who wishes to practice in partnership with or share clerical or reception facilities with another health professional who is not an NLPtCA Member shall satisfy himself or herself that the other person is qualified in her/his profession specifically and the association is in no way detrimental to the profession and practice of the Member and that other person maintains adequate insurance cover under a policy of professional indemnity.
- 5.4. All routine referrals to colleagues and other services should be discussed with the client in advance and the client's consent obtained both to making the referral and also to disclosing information to accompany the referral.
 - a) Reasonable care should be taken to ensure that:
 - the recipient of the referral is able to provide the required service

- any confidential information disclosed during the referral process will be adequately protected
 - the referral will be likely to benefit the client.
- b) Prior to accepting a referral the member should give careful consideration to:
- the appropriateness of the referral
 - the likelihood that the referral will be beneficial to the client
 - the adequacy of the client's consent for the referral.
- c) It is acceptable to conduct an assessment session prior to contracting with a referred client.
- d) If the referrer is professionally required to retain overall responsibility for the work with the client, it is considered to be professionally appropriate to provide the referrer with brief progress reports. Such reports should be made in consultation with clients and not normally against their explicit wishes.

6. Probity of Practice

- 6.1. Ensuring the probity of practice is important both to those who are directly affected but also to the standing of the profession as a whole.
- 6.2. Conflicts of interest are best avoided, provided they can be reasonably foreseen in the first instance and prevented from arising. In deciding how to respond to conflicts of interest, the protection of the client's interests and maintaining trust in the member should be paramount.
- 6.3. When a Member becomes aware of a potential conflict of interest, this should be reviewed with her or his supervisor as soon as practicable. It may also be advisable to review with others, such as a manager or independent colleague.
- 6.4. A Member shall not accept any form of commission or split fee relating to a client referred to or by her/him, by or to another Member (or other professional relationship with the Member).
- 6.5. The Member commits to carefully consider how, in the event of their sudden unavailability this can be most appropriately communicated to their clients. This will also include careful consideration of how a client might be informed of the Member's death or illness and, where appropriate, supported to deal with such a situation. The Member will have in place a 'practice will'.

7. Promotional Activity

- 7.1. Promotional Activity covers the following:
- a) Written Materials, to include brochures, leaflets, flyers, advertisements, letters
 - b) Electronic Materials, to include websites, networking links, email correspondence and social media.
 - c) Presentations, to include talks, radio/TV, CD/DVD, promotions, exhibition displays.

- 7.2. Claims made by Members regarding their services need to be unambiguous, realistic, informative and verifiable, so that the public is able to discern and decide between therapists and therapeutic practices.
- a) Members will not make exaggerated and unjustified claims for the effectiveness of their methods,
 - b) Members will not encourage unrealistic expectations about the effectiveness of the services offered, or time needed for the psychotherapy – giving the impression that NLPt is always brief.
 - c) Members will not state the nature and likely consequences of any interventions to be undertaken.
 - d) Members will not play on fears of a client and then offer to provide a cure
 - e) The Member commits to ensure that the use of title such as 'Doctor/Dr' and post nominal initials after a name in all published materials are accurate: indicate whether it is a medical or academic qualification; and reasonably informs the public of their relevance to the practise of psychotherapy.
- 7.3. Whilst Members want to encourage the growth of their Practice and attract new clients, they need to ensure that all claims are dignified and respectful, and reflect positively on NLPtCA and the modality of NLPt.
- a) Members are required to make no comparative or superlative statements which by implication denigrate of the services of other NLPtCA members or those from other professions.
 - b) Members can provide information about their experience to include qualifications, training hours undertaken, years as a supervised therapist, trainers trained with to indicate levels of experience, depth and commitment.
 - c) Members can provide links to professional bodies that they are members of.
 - d) Members can state their specific specialist areas, without stimulating in clients any feeling of dissatisfaction with their present life situation.
 - e) Members may not publish verbal or written testimonials even if a client has offered one freely.
 - f) Members may never claim or imply either the certainty of cure for any conditions to be treated, nor the certainty of success with the resolution of a client's problems.
 - g) Marketing of therapeutic services needs to be restrained. Accordingly any fees, discounts, and free services should be incorporated within the body of the text, and not as banner headlines.
 - h) Members are discouraged from using blatant influencing language patterns, which are calculated to connect directly with a client's unconscious processing.
- 7.4. Where a Member is involved in a mixed promotion which involves other services in the same advertisement, website, or magazine issue, then the NLPtCA standard must apply throughout.
- a) Care must be taken so that the potential client cannot be confused about what is being offered by a therapist or counsellor because of other information given.
 - b) NLPtCA members linked to non-NLPtCA members must ensure that their colleagues do not promote the member in a way contrary to NLPtCA Guidelines.

- 7.5. Members need to be mindful of wording when making reference to NLPtCA, UKCP & BACP and other professional bodies.
- a) Valid references to current membership or registration by professional bodies are encouraged in advertisements.
 - b) Reference to a current office within NLPtCA is permitted provided this does not imply an advantageous position of influence. If in doubt wording should be checked out with a person designated by the Board.
 - c) Similarly, anything that might be interpreted by a member of the public as implying endorsement by NLPtCA or other professional bodies for a particular person, therapy or training must be verifiable and agreed either in principle or in writing from the body in question.
 - d) When NLPtCA is mentioned in all but the briefest advertisements www.nlptca.com or nlptca.com should also appear. On web pages at least the first reference to NLPtCA should be hyperlinked.
- 7.6. Members may not send by hand, post or email items promoting therapy related services except when they have received a specific request for such material, or where the target group is known to be predisposed to receiving such information.
- a) Would-be recipients can be invited to be part of the Member's information and mailing list. Unless this is requested by the recipient, information may only be sent once.
 - b) Clients can be offered an opt-in/out agreement to become part of the Member's information and mailing list, at the point of conclusion of the therapeutic relationship.
 - c) Where a relationship already exists, it may be appropriate in support of a client's outcome, to make them aware of other services provided, especially as a Member's portfolio expands. This is in the spirit of offering more choice and should only be mentioned once to avoid the risk of pressurising the client, or of crossing boundaries.
- 7.7. Articles, web items, chapters or books aimed at least in part for a general audience that state or suggest that that a Member practices psychotherapy should be consistent with the guidelines for promotional activity.
- a) Care must be taken with associated advertising. For example, if a magazine features an article by or about a therapist, any advertising in that magazine relating to the therapist also must meet the guidelines.
 - b) Offices held within NLPtCA may be mentioned provided www.nlptca.com or nlptca.com also appear. Where feasible it should also be mentioned that NLPtCA members can be located via the website.
- 7.8. As part of compliance with the Code of Ethics, new Members are required to review their existing promotional materials and amend them in accordance with the Code.
- a) New members are encouraged to review their promotional material with their Supervisor for at least a year after joining and, if their supervisor is not a member of NLPtCA, to make this document available to them.

The Advertising Standards Authority produces "The British Code of Advertising, Sales Promotion and Direct Marketing", which can be viewed and downloaded from www.asa.org.uk . Any advertising by members must also meet ASA requirements.

8. Complaints

- 8.1. Members are held collectively responsible for the overall quality assurance of NLPT practice.
 - a) Any Member must, where it is reasonable to so do, raise any concern that she/he has regarding the conduct of another Member with that Member first. If the matter cannot be resolved satisfactorily it should then be reported to the NLPT-CA Complaints Officer and if necessary thereafter to the Ethics Committee of the UKCP.
 - b) Where the concern relates to serious professional misconduct, Members have a clear duty and obligation to act accordingly.
- 8.2. Members are accountable to their clients for the provision of ethical and effective practice. Failure to do so may result in a client making a complaint to them or directly to NLPTCA.
 - a) Members have an obligation at the start of the therapeutic relationship to make available to their clients how and to whom a complaint can properly be made.
 - b) If required by the client the Member must in addition provide the client with all necessary and relevant information to enable the client to make the complaint including names, addresses and telephone numbers of relevant persons within those organisations if the NLPTCA Member knows, or it is reasonable for the Member to obtain, such information.
- 8.3. Members should respond promptly and appropriately to any verbal or written statement of concern or dissatisfaction received from their clients or colleagues.
 - a) An appropriate response in agency-based services would take account of any agency policy and procedures.
 - b) A Member should bring such occurrences to supervision.
 - c) Members should endeavour to remedy any harm they may have caused to their clients and to prevent any further harm. An apology may be the appropriate response.
 - d) Members should review with their supervisor the circumstances in which they may have harmed a client in order to ensure that the appropriate steps have been taken to mitigate any harm, to prevent any repetition, or ensure no similar misperception. It may also be advisable to review with others, such as a manager or an experienced colleague.

9. Serious Professional Misconduct

- 9.1. Serious Professional Misconduct shall be deemed to have taken place when in the view of an appropriately appointed disciplinary panel, having considered all the relevant evidence, either:
 - a) the infringement alleged has taken place *and* constitutes a clear and serious breach of the Code;

- b) or where the infringement concerned is such that in the professional opinion of the panel the member concerned is not fit to continue practice as a psychotherapist or counsellor.
- 9.2. It is in the nature of this definition that specific examples cannot be supplied without placing an implied limitation on the discretion of a disciplinary panel provided with all the facts and with the ability to cross-examine witnesses.
- a) Offences such as financial exploitation, any form of sexual involvement with a client, or improper breach of confidentiality, would all be defined as serious professional misconduct.
 - b) Additionally, misinformation which could include providing advice with insufficient information, imposition of own map, inappropriate direction where client is known to be insufficiently resourceful to carry out suggestions is included in this category.
- 9.3. All members are bound at all times to behave in such a way as to maintain the well being of clients and good standing and professional standards of the profession of psychotherapy.
- a) A registered psychotherapist who is found guilty in a court of law will be in breach of this requirement, where the offence in question may be deemed detrimental to the good standing and reputation of the profession of psychotherapy. This may constitute Serious Professional Misconduct regardless of whether the proven offence has taken place in the context of psychotherapy or not.
 - b) A member whose conduct is under investigation and who resigns from NLPtCA will not be allowed to rejoin NLPtCA without the satisfactory completion of the process of any investigation or disciplinary action. It is a condition of joining NLPtCA that even when membership has lapsed the former member is required to respond fully to enquiries relating to allegations relating to the period of membership.
- 9.4. The Member agrees to inform NLPtCA if they are:
- a) Convicted of a criminal offence, receive a conditional discharge for an offence, or accept a police caution.
 - b) Disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social-care professional.
 - c) Suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to practice of psychotherapy, competence or health.

If you require information in connection with the NLPtCA Psychotherapy and Counselling Association Complaints Process please contact, marking your letter Complaints Officer, in confidence to: NLPtCA Admin, C/O Changeworks Communications, St Albans House, St Albans Rd., Stafford, ST16 3DP. OR email admin@nlptca.com

Updated 31.03.17 NLPtCA Board