

CODE OF ETHICS

INTRODUCTION

All members of the "Association for the Development of Person-Centered Approach and Child-Centered Play Therapy of South-East Europe" (A.D.P.C.A.C.C.P.T.S-E. E.), with the distinctive title "Becoming a Person" need to be governed by the philosophy and the principles of the Person-Centered and/or the Child-Centered Approach, and are bound by the clearly articulated ethical principles that the latter approaches follow. For this purpose, the association has a written code of ethics harmonized with the ethical guidelines of ADPCA, PCE Europe, WAPCEPC, APT, PTI, PTUK, NOPG, EAP, HAC, and EAC. By accepting the code as a common point of reference all members should respond to its thesis and are obliged to comply with it.

Wheresoever the terms "member/members" and "professional/professionals" are mentioned in this code, they correspond to the Person-Centered counselors, psychotherapists, Child-Centered play therapists as well as to the educational and training organizations that meet the terms and conditions of the association's statute and internal regulation.

1. PURPOSE

The purpose of this code is:

- 1.1 To investigate the ethical issues for the A.D.P.C.A.C.C.P.T.S-E.'S members.
- 1.2 To establish and maintain rules for the practice of the Person-Centered and Child-Centered approach.
- 1.3 To inform and protect all those who will request and use the knowledge and services of the respective professionals.

2. PRINCIPLES AND VALUES

Each member integrates in their work these conditions and practices which were formulated and included in the therapeutic movement originally by Carl Rogers and help to create a climate of trust and development.

In more detail:

2.1 Commits to the paramount importance of the relationship between the client and the therapist in psychotherapy, counseling and play therapy.

2.2 Considers the actualizing tendency and the phenomenological world of the client as the central points of the therapeutic practice.

2.3 Considers both clients and therapists as individuals who are at the same time individuals but also in relation to others, as well as to their diverse environments and cultures.

2.4 His/her devotion is always found in the consistent contribution of Carl Rogers' three core conditions and in the balancing of power within the healing relationship.

2.5 Constantly works on his/her personal development through the constant development of empathy, authenticity and self-acceptance in the "here and now". Those qualities should be and become a way of being for the therapist.

2.6 Is open to the development and elaboration of Person-Centered and Child-Centered theory in the context of the present, but also of the future research and practice.

2.7 Only the level of readiness of the client will determine the speed at which trust in the relationship develops, and its establishment is what will determine the level and quality of work to be performed.

2.8 Mutual trust leads to the development of reciprocity.

2.9 Intimacy helps to develop the therapeutic relationship and reciprocity.

2.10 The consolidation of reciprocity is of great importance. The counselor and the client experience the process as a truly shared effort and value each other's commitment to achieving and maintaining authenticity in their relationship with each other. Defensive attitudes and behaviors are absent between the counselor and the client who have achieved reciprocity.

2.11 With an increasing pace, the therapist and the client become so transparent that they cease to be symbols of each other, and be able to dare to see each other clearly.

2.12 The therapist has no longer difficulty releasing his empathic sensitivity in any authentic way.

2.13 The client becomes more active in making suggestions on how to proceed with the process.

2.14 Members who practice Child-centered Play therapy need to rely on the following principles established by V. Axline. Practicing them is essential in order to gain the client's respect and trust.

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.

2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship

3. PRACTICE CODE

3.1 General Principles

Counseling/Therapy/Play therapy is practiced according to ethics and the principles of Person-centered and Child-centered approach, which the member follows in practicing his/her profession.

According to the above, each member:

- 3.1.1 Practices their profession according to the principles of the Ethics code and tends to build the therapeutic relationship on the equality between the therapist and the client, regardless if the services are charged or provided voluntarily.
- 3.1.2 Provides his/her services only if the client requests it specifically and openly. Regarding the Child-Centered Play Therapists, his/her services are provided only at the child's caretaker/s' request.
- 3.1.3 Considers the first contact with the client as the beginning of the therapeutic work (including the phone call, during which the first appointment is made).
- 3.1.4 Clarifies the terms space, confidentiality, time, payment, type of approach, canceled appointments according to which he offers his service, before the therapeutic relationship begins. Reconsideration and changes to these terms may be discussed and

agreed upon before implementation. The detailed and clear agreement between the member and client expresses and promotes the respect and autonomy of the individual.

3.1.5 Must provide confidentiality for his meetings with his clients. No one can attend a meeting unless the client has been informed and agreed. The same goes for video recordings or audio recordings of the counseling meeting.

3.1.6 Knows that the length of the initial phase depends on the customer's level of readiness. Only the level of the client's readiness, will determine the speed at which trust develops in the relationship, and its establishment is what will determine the level and quality of work to be performed.

3.1.7 He/She is responsible towards his client and not for him.

3.1.8 The right to privacy can be violated only for very special reasons or criminal acts, and always at the discretion of the member in consultation with his supervisor.

3.1.9 Takes note that good practice includes clarifying and agreeing on the rights and responsibilities of the therapist, the client, the caregiver or the legal guardian, the referring person and the trustee at appropriate times during the ongoing relationship.

3.1.10 He/She is constantly working on his/her personal development. This implies the constant updating, training, being supervised and being supported therapeutically.

3.1.11 He is encouraged to keep proper records of his work with clients, unless there are sufficient reasons not to keep records. All records must be accurate, respectful of clients and colleagues, and protected from unauthorized disclosure as required by the GDPR. Clients and those legally responsible for them should be properly informed of the implications of any potential litigation.

3.1.12 Keep in mind that multiple relationships arise when having two or more types of relationships simultaneously with one client, for example client, caregiver and trainee, acquaintance and client, colleague and supervisor. Having a multi-customer relationship is rarely neutral and can have a strong beneficial or detrimental effect that may not always be easily predictable. For these reasons, members are encouraged to consider the consequences of having multiple relationships with customers, to avoid relationships that are likely to be detrimental to customers, and to be easily accountable to customers and colleagues for any multiple relationships that occurs.

3.1.13 He/She has to consider carefully the restrictions of his/her education and experience and work within these limits, using the available professional support. If working with a client requires an extra service to be provided which functions with the Person-Centered counseling/ psychotherapy / play therapy, the availability of these services have to be considered, since the absence of these, may lead to important restrictions.

3.2 Conditions of Practice

Every member is responsible to keep his/herself informed and considers the different protocols, conventions and preferences which may concern different work environments and cultures.

More specifically for making and receiving referrals:

3.2.1 Making a referral to other colleagues or services has to be discussed with the caregiver / legal guardian and the client, before the referral is made. Before accepting a referral, the professional has to consider very carefully: a) the appropriateness of the referral, b) whether or not the referral is beneficial for the client, c) the adequacy of the consent of the care giver/client for the referral, and receive reasonable care in order to ensure that the receiver of the referral can provide the requested service and any confidential data revealed during the process of the referral be protected sufficiently.

3.2.2 The caregiver/legal guardian and the client should consent for the referral as well as for the revelation of information during the process. If the professional who accepted the referral is obliged to keep the whole responsibility of the work with the client, it is considered appropriate to provide him/her a short report of progress. Such reports should be prepared in agreement with the clients and the caregivers and not directly with their own desires.

4. COOPERATION AND RESPONSIBILITY TOWARDS OTHER COLLEAGUES AND REPRESENTATIVES OF OTHER RELEVANT PROFESSIONS (SPECIALTIES)

Good work relationships and communication systems that develop between professionals, improve the services provided for the clients anytime.

More specifically the members of the association owe to:

4.1 Respect the needs, the special knowledge and the obligations of their colleagues, know and take into account the traditions and practices of other professional groups, as well as the rights and the obligations of institutes or organizations with whom their colleagues cooperate.

4.2 Act in a way that doesn't undermine the public trust towards his/her role or towards the work of other professionals. If acts, actions and behaviors of a member that degrades the profession in front of common belief or conflicts with the public sentiment are observed, the matter will be referred to the Board of Management of the Association or to the Ethics Committee.

4.3 They have to introduce (make known) their profession and their titles or their expertise, their nameplates or other documents that correspond to the actuality.

4.4 Additionally, they should not exceed the limits of their qualifications, and specifically they owe not to accept to make diagnosis or to define treatment or provide a service that diverges from their knowledge and their expertise.

4.5 They should treat all colleagues fairly and promote the equality of the opportunities. Especially do not make discrimination against colleagues for any reason, allowing them to be influenced by the personal beliefs of their colleagues regarding the way of living, gender, age, handicap, race, sexual orientation, beliefs or the culture of a colleague and the representatives of other relevant professions.

4.6 Do not undermine the relationship of a colleague with the clients, the caregivers the ones who are referred or the commissioners by making inexcusable or falsely comments

4.7 When communicating with their colleague & the representatives of other relevant professions about their clients they should keep a professional base therefore this communication should be relevant, respectful and consistent with the management of the confidential data as they stated to the client.

4.8 In case they employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals and take action to ensure their competence.

4.9 Do not exploit their professional relationships with clients, supervisees, students, or research participants for sexual or other benefits.

4.10 In case they become aware of an ethical violation by another member and it seems appropriate, they informally attempt to resolve the issue by bringing the behavior to the attention of the member. If the misconduct is of a minor nature and appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. Such informal corrective efforts are made with sensitivity and respect to any rights to confidentiality involved. If the violation does not seem amenable to an informal solution, or is of a more serious nature, members bring it to the attention of the association.

4.11 To communicate with the colleague who originally referred the client to them, when a representative of another professional group refers a person to another member/professional for therapy and this particular person must be referred to another professional.

4.12 To discuss cases when a person seeks for help from a member of the Association, while working with another professional, with the person itself and the colleagues so as to minimize the risk of confusion and conflict.

4.13 If a person is receiving similar services from another professional, the psychotherapist carefully considers that professional relationship and proceeds with caution and sensitivity to the therapeutic issues as well as the client's welfare. When a client is working with other healthcare professionals, the members clarify the matter

with the client so as to minimize the risk of confusion. Furthermore, the members do not work with clients who are already in a therapeutic relationship with other mental health professionals or haven't terminated their existing therapeutic relationship, unless the professional consents or collaborates with the member.

5. RESEARCH AND PUBLICATIONS

A.D.P.C.A.C.C.P.T.S.-E.E. promotes research which informs and develops practice. Members are encouraged to support research that is conducted and is related to the profession as well as to participate in research papers which aim to provide evidence through practice. All research should be conducted with a high interest in the quality and the integrity of the research itself as well as the dissemination of the research's results. The participants' rights must be taken into consideration and be thoroughly protected. Minimum rights include the right of free consent and being informed, and also the right to withdraw from any phase of the research. The participants must remain anonymous outside the confidential research group, except for verification and validation purposes. The applied research methods must comply with the proper practice standards used by psychological methods and must not affect clients in a negative way.

5.1 Research Principles

5.1.1 General Principle of the research procedure: The decision to undertake research rests upon a considered judgment by the individual researcher about how best to contribute to human science and human welfare. Having made the decision to conduct research, the researcher considers alternative directions in which research energies and resources might be invested. On the basis of this consideration, the researcher carries out the investigation with respect and concern for the dignity and welfare of the people who participate and with cognizance of regulations and professional standards governing the conduct of research with human participants.

5.1.2 In conducting research in institutions or organizations, members secure appropriate authorization to conduct such research.

5.1.3 They are aware of their obligation to future research workers and ensure that host institutions or organizations receive adequate information about the research and proper acknowledgements of their contributions.

5.1.4 In planning a study, the researcher who carries out the investigation has the responsibility to make a careful evaluation of its ethical acceptability. To the extent that the weighing of scientific and human values suggests a compromise of any principle, the investigator incurs a correspondingly serious obligation to seek ethical advice and observe stringent safeguards to protect the rights of human participants.

5.1.5 Considering whether a participant in a planned study will be a “subject at risk” or a “subject at minimal risk”, according to recognized standards, is of primary ethical concern to the investigator.

5.1.6 The investigator always retains the responsibility for ensuring ethical practice in research. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur similar obligations.

5.1.7 Except in minimal-risk research, the investigator establishes a clear and fair agreement with research participants, prior to their participation, that clarifies the obligation and responsibilities of each. The investigator has the obligation to honor all promises and commitments in that agreement. The investigator informs the participants of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of the research about which the participants inquire. Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and the dignity of the research participants. Research with children or with participants who have impairments that would limit understanding and/or communication requires special safeguarding procedures.

5.1.8 Methodological requirements of a study may make the use of concealment or deception necessary. Prior to conducting such a study, the researcher has a special responsibility to:

5.1.9 Determine whether the use of such techniques are justified by the expected scientific, educational or inherent value.

5.1.10 Determine if there are alternative procedures available that do not use concealment or deception.

5.1.11 Ensure that participants are adequately informed as soon as possible.

5.1.12 The researcher respects the individual’s freedom to refuse to participate in or withdraw from the research at any time. The obligation to protect this freedom requires careful thought and care when the researcher is in a position to impose his power on or influence the participant. Such positions of authority include, but are not limited to, situations where participation in the research is required as a part of the employment or where the participant is the researcher’s student, client or employee. The rights of the individual surpass, outweigh the needs of the researcher to complete the research.

5.1.13 The researcher protects the participant from physical or mental hardship, harm or danger that may arise from the research processes. If there is a risk of such consequences, the researcher informs the participant about the incident/occurrence. The research procedures that are likely to cause serious or permanent harm to a participant are not used unless the non-use of them would expose the participant to a greater harm, or if the research has a great potential benefit and each participant is fully informed in order to consent. The participant should be informed about procedures by which he /

she can contact the researcher within a reasonable period of time after the start of his / her participation if stressful situations arise, in the possibility of damage or related questions or concerns. The consent obtained from the participant does not limit his legal rights or reduce the legal responsibilities of the researcher.

5.1.14 After the data are collected, the researcher provides the participant with information about the nature of the study and tries to clarify any misunderstandings that may have arisen. Where scientific or humanitarian values justify postponing or withholding the information, the researcher has a special responsibility to record the research and to ensure that there are no harmful consequences for the participant.

5.1.15 Where research procedures result in unpleasant consequences for the participant, the researcher has a responsibility to detect and remove or correct these consequences, including the long-term results.

5.1.16 The information obtained regarding a participant during the course of a research is confidential unless there is a different agreement since the beginning. When there is a possibility that others may have access to such information, this possibility as well as the ways to protect the confidentiality, are explained to the participant as part of the process in order to reach a consensus.

5.2 Publications

Everyone who contributes to a research project that is announced or published is cited by name according to their extent of participation either as authors or in the introduction or in a special note. In case many people have a great scientific contribution in a publication, then they are considered co-authors, while the name of the author with the greatest contribution is cited first. Smaller scientific contributions or other non-scientific contributions are identified in a special footnote or in an initial statement. The book reference is made to unpublished as well as to those published works which directly influenced the research or writing. The members, who collect and edit material of others for publication, publish the material with the name of their authors, while they themselves appear as curators. All authors are cited by name.

6. ONLINE COUNSELING AND PSYCHOTHERAPY

As A.D.P.C.A.C.C.P.T.S-E.E. is committed to promoting and maintaining high standards in the services provided by its members, the following guidelines have been integrated into its Code of Conduct.

These guidelines are of relevance to the work of the association's members who use technology in the services they provide. They are aligned with the recommended guidelines and criteria for Remote/Online counseling and psychotherapy work of BACP, IACP, NCS and ACTO.

They should be carefully read, considered and followed by all members alongside with the association's Code of Conduct.

The term "working online" includes all methods of communication using digital and information technology regardless of whether equipment used is a desktop computer, laptop, tablet, smart phone or any other device.

6.1 Competence and training

All members working online should be sufficiently competent in the use of technology in their work to be able to provide reliable and adequate services to clients and colleagues. Basic competence includes having alternative ways of providing services for communicating with clients promptly if the primary method of communication fails. Moreover, having access to technological support that respects the confidentiality of the work being undertaken; and, keeping up to date concerning new developments in the technology being used in order to provide the safest and most reliable service to clients.

6.1.1 Experience

Since online provision of therapy now covers vast geographical areas, potential clients may access any site of their choice, and may do so with a myriad of complex issues. These variables mean that experience and training are essential requirements for anyone wanting to work with clients in this context. Practitioners are obliged to recognize that their experience and capacity for work are limited, and take care not to exceed the limits.

6.1.2 Training

Training in the specialized area of online counseling, should be considered a priority by any member hoping to work in this medium. Members should reconsider in the here and now their suitability or limitations for working online.

Moreover:

- a. Training should include the ethical, theoretical and practical dimensions of working with clients online. In addition, it is more beneficial if such courses also incorporate experiential learning online.
- b. Effective work online necessitates proficiency in IT skills, and an awareness of how electronic data and information are stored, along with the ethical and legal requirements of their service delivery. The maintenance of electronic information and the safeguarding of client records is an essential component of online training courses.
- c. Competence in providing services that use unfamiliar technology are best supported by formal training from specialists or working in consultation with more experienced practitioners.

6.2 Online Supervision

6.2.1 Supervisors will adhere to the ethical principles and values set out in this code of ethics whether working online, electronically, face to face or using any other methods of communication, in delivering services to a professional standard.

6.2.2 Supervisors need to have a comprehensive understanding of all the issues, both theoretical and practical, which have an effect on the practitioner's work with online clients.

6.2.3 Supervisors who engage in distance supervision using online technology, and/or social media must develop the necessary skills and knowledge with regards to the technical, ethical, and legal considerations of such Supervisory encounters.

6.2.4 Supervisors must be aware of potential risks and take precautions to protect and safeguard the online supervisory process.

6.2.5 Supervisors are advised to consider their personal self-care as a valid priority and a necessary prerequisite for maintaining safe practice with clients.

6.3 Therapeutic contract and client

6.3.1 If prospective clients seem unlikely to benefit from the online service, procedures should be in place by members in order to guide them towards an appropriate alternative.

6.3.2 When the client is underage, members should inform a parent or guardian or and consent should be required.

6.4 Specific issues relating to working online

Members should:

6.4.1 Recognize and respect diversity and difference especially when working across international/cultural boundaries and be alert to the possibility of misinterpretation of the written and/or spoken word.

6.4.2 Have considerations in place to deal with the following before providing counseling online:

a. Crisis prevention planning and frequency of contact etc. along with practical matters such as charge structure within the original contract.

b. The danger that a client may believe he or she has 24-hour accessibility to the therapist.

c. Awareness of potential professional and personal overlap by the careful and restrained use of social media.

d. When using social media platforms, personal accounts must be kept private from public viewing by making use of privacy levels according to the specific social media platform. Additional and separate user accounts for professional purposes and use should be used.

e. There is no guarantee of delivery using electronic communications and it is advisable to gain confirmation of receipt.

f. Practitioners must also be aware that open online platforms and group chats such as forums, are not appropriate for discussing client work and do not replace the need to have formal supervision. Practitioners must be aware clients may still be able to identify themselves even though you may disguise names.

g. Appointments may be arranged by email or text and managed using electronic calendars. Appointment reminders may be sent to clients electronically. Services to clients may be provided by a wide variety of online and digital communications including text, email, audio or video communications, or through social media. Records of sessions, invoicing and payments may be undertaken, and stored electronically.

6.5 Security and confidentiality

Members working remotely/online make sure that their service guarantees confidentiality and online safety at all times as they are the basic components of online work. Therefore, all members must comply with GDPR and be proficient in the skills necessary to ensure that client data and confidentiality are secured and never compromised.

In more detail, members are required to:

6.5.1 Use platforms which are secure in terms of GDPR, breaches of confidentiality, hacking and data storage when using any online platform, software, technology or app to offer client services.

6.5.2 Release information about the client only with his / her permission and inform the client of any exceptions and limits of confidentiality.

6.5.3 Ensure that services are accessible and acceptable to the client, taking reasonable steps to ensure adequate levels of security for the type of service being provided, and being vigilant in avoiding new threats to security as they arise in a rapidly changing field of practice and technology.

6.5.4 Be directly responsible for protecting the client's end of the communication. Good practice safeguards against physical intrusion include vigilance about being overheard or overseen, adequate password protection and encryption of data to prevent intrusion on equipment and software used, and by providing information to the client about how best to protect his / her security.

6.5.5 Safeguard against intrusion by third parties include: adequate password protection and encryption of services being provided, regularly updating firewalls, virus protection

or other applicable security systems and providing suitable information to service users to enable them to protect their end of the communications.

6.5.6 Use providers and electronic platforms that meet the privacy and quality standards for healthcare – especially when working with personally sensitive information – carefully checking the provider’s contractual terms and conditions to ensure that they are suitable for the type of service being provided.

6.5.7 Offer more secure alternatives to clients where this is practicable by keeping up to date with new developments to enhance the privacy, security and reliability of your chosen method of communication.

6.5.8 Safeguard against electronic surveillance by national security services that include: keeping informed about the implications of such surveillance for any work being undertaken and exercising rights as a citizen to try to influence public policy and the law.

6.5.9 Review and understand the requirements and relevant laws of the specific jurisdiction in which they wish to provide online support for the client.

6.6 Working with clients from other countries

The law differs between countries. When working face to face the applicable law is determined by where the work takes place. When working online it is possible for the member and his / her client to be located in different legal systems and subject to different laws. Thus, the following must be taken into consideration:

6.6.1 Members should explicitly state in the contract that the work is being undertaken in accordance with the laws of the practitioner’s own country and any disputes will be subject to that country’s law.

6.6.2 Any contractual disputes would usually be considered in the legal system that applies to the member, provided that this has been included in the contract between therapist and client. However, any allegations of civil wrongs or crime by the member could still be considered in the legal system that applies to the client’s location.

6.6.3 Members should also establish the client’s location and be familiar with the legal requirements that might apply to the work, particularly with regard to civil wrongs including negligence and breach of confidentiality or privacy. Similarly, it is wise for members to be familiar with any major differences in criminal law.

6.7 Professional vigilance

New technology is opening up life-changing opportunities for so many people. It has made the counseling professions, on-going education and training accessible to people who would not or could not use these services face-to-face. However, these considerable advantages are also accompanied by new risks. The technology that makes these developments possible is constantly changing. It takes considerable professional

vigilance, both individually and as a profession, to keep up to date in order to ensure that the benefits outweigh the risks.

- End of Code -