



CODE OF ETHICS AND PRACTICE FOR PSYCHODRAMATISTS

General Assembly, Vienna 2005

1. PROFESSIONAL CONDUCT

1.0. It is always necessary to act in good faith, and without coercion or misrepresentation. Psychodramatists must know and stay within the laws of the country in which they practice.

1.1. It is a good ethical practice for Psychodramatists to be clear with clients about professional status and training.

1.2. Psychodramatists must ensure that they have adequate Professional Indemnity Insurance for their practice, at all levels. Primary Trainers should advise trainees when to take this out. All regular psychodrama practitioners will have to provide proof of indemnity insurance with annual registration.

1.3. Psychodramatists use their professional work to the benefit of the client/patient and not primarily to satisfy their own needs.

1.4. Psychodramatists seek ways of increasing their personal and professional awareness and development.

1.5. Psychodramatists must maintain standards of practice by monitoring and reviewing their work alone, with peers and by seeking supervision from a supervisor.

1.6. Psychodramatists must openly and clearly explain the possible presence of observers, recorders and auxiliary-ego co-therapists. They must make it clear that all those present must be bound by the same confidentiality plus other rules as in 2.1.0. before starting therapy.

1.7. Each Psychodramatist is responsible for deciding preventively if a single patient is (i) fit for psychodrama and (ii) fit for the specific group in which it is proposed to place him/her. Alternatively, if he/she is not fit, the therapist must indicate therapeutic possibilities with other colleagues and orientations.

1.8. In order to be fit to practice, Psychodramatists should maintain an adequate balance of emotional and physical health. This standard should be maintained as a model for other colleagues and trainees. They should not knowingly practice if their mental or physical poor health is liable to have a detrimental effect on their clients. This includes the misuse of substances that may be detrimental to professional practice.

1.9. Psychodramatists should be aware of and respect the cultural expectations of the community in which they work.

1.10. Psychodramatists should be aware of and respect the cultural mores of their clients, trainees and colleagues.

2. RELATIONSHIP WITH THE CLIENT/PATIENT

2.1. Confidentiality

2.1.0. The Hippocratic Oath binds the physician to keep all matters of his/her professional practice secret. In group psychotherapy and in psychodrama the Hippocratic Oath is extended to all patients and binds each with equal strength not to reveal to outsiders the confidences of other patients entrusted to them. Like the therapist, every patient is entrusted to protect the welfare of co-patients. This includes information about third parties not included in the group.

2.1.1. Psychodramatists shall treat as privileged all information received from the client whether this is during therapy sessions or during other situations when they might be in communication with a client, unless the client specifically agrees that this information is generally communicable. The psychodramatists should inform group members of the convention for confidentiality and draw the members' attention. Communication of confidential information is permissible only under specific conditions.

A. In discussion with the psychodramatist's supervisor.

B. When a group member has reason to believe that a breach of professional conduct has taken place. This matter should be taken up with the chairperson of the Professional Conduct Committee.

C. With other professionals directly related with the case of the client or their family, with the client's permission.

D. When writing or teaching others, the information should be presented in such a way that the client's anonymity is carefully preserved, and consent is sought wherever possible.

Comment: Confidentiality can also be lifted

E. With the client's consent.

F. If ordered by a Court (UK)

G. In the public interest if there is knowledge of actual or proposed criminal offences or serious abuse of others - but take legal advice first!

2.2. Remuneration

2.2.1. Psychodramatists in private practice must not offer a commission, fee or privilege to any person making a referral.

2.2.2. Psychodramatists must not use information received in the course of their relationship with clients or trainees for personal gain.

2.2.3. Psychodramatists undertake to set out clearly and without prejudice a written or verbal contract with their client before beginning therapy. If the psychodramatist is in private practice, the contract must state clearly the terms of fees charged, the methods of payment, and any special conditions that apply.
(A copy of the Code of Practice must be available for all students)

2.3. CONTRACT

2.3.1. The psychodramatist must make a clear contract about the form content process and the purpose of the group/individual work. The contract should include the purpose and the likely effect.

2.3.2. Psychodramatists must not misrepresent themselves in terms of their professional qualifications.
The client and the psychodramatist must review the contract at regular intervals in order to ensure that the client's welfare remains paramount.

2.3.3. The Psychodramatist must ensure that appropriate time and attention is given to the conclusion of the contract for therapy. If the client wishes to terminate therapy the psychodramatist must decide whether this is a genuine desire or the product of a therapeutic crisis and advise accordingly.

2.4. BOUNDARIES

2.4.1. Psychodramatists will give attention to the physical environment in which they work with clients in order to provide a safe and secure space for therapy.

2.4.2. Psychodramatists should be aware of the professional boundaries with clients and trainees. Psychodramatists should be aware of the possibility of role confusion which can damage the therapeutic and/or training relationship.

2.4.3. At no time should a psychodramatist enter into a sexual or private intimate relationship with a client. A Psychodramatist should prevent the development of a sexual relationship. If any sexual relationship is likely to develop between a psychodramatist and a client who wishes to continue in treatment the psychodramatist is obliged to terminate the therapy and advise the client to work with another psychodramatist.

2.4.4. Psychodramatists should inform a client or trainee of the therapy that might affect the client or trainee's participation. For example, use of videotape or other recording systems, or one-way mirrors, where it is possible such a factor could upset the nature of the confidential, psychotherapeutic relationship. At all times the psychodramatist is obliged to obtain clear, informed consent from all participants involved in the recorded or observed sessions and to inform them that they have a right to withdraw their consent at any time

3. RELATIONSHIP WITH SOCIETY

3.1. Psychodramatists are professionally trained individuals who practice competently. They take care to provide a safe environment for the client thereby ensuring that psychodrama is not brought into disrepute. Psychodrama practitioners will have completed a recognized training and will have their names on a professional register.

3.2. When dealing with psychosexual issues, psychodramatists should treat with appropriate caution the re-enactment of those specific events where inappropriate sexual activity was involved. In particular, where there has been sexual abuse; any psychodramatic technique should be carefully selected to minimize the possibility of compounding the abuse.

3.3. When advertising, psychodramatists should present a clear unambiguous statement of intention of the professional service they offer.

3.4. Psychodramatists have the responsibility to acknowledge research and where appropriate initiate, assist or participate in this process and to inform and seek the consent of clients when they are involved. (Suggested addition - Clients used as research subjects should give informed consent to participating like the research being undertaken - DML)

3.5. Psychodramatists have an educative role in society as well as a therapeutic one and should seek to continue their own education.

3.6. Psychodramatists may use their skills to facilitate explorations of social issues outside those of therapy. The use of psychodrama is not limited to clinical settings and ethical consideration of consent and confidentiality must still apply.

3.7. Psychodramatists have the responsibility to continue their own development through personal therapy, training and supervision.

3.8. Psychodramatists subscribe to the principles of anti-discriminatory practice, freedom of speech and human rights; they should take positive steps to promote them.

4. CODE OF ETHICS AND PRACTICE FOR PSYCHODRAMA SUPERVISORS AND TRAINERS

4.1. Supervisors and trainers have a responsibility to be aware of their own issues of prejudice and stereotyping and to consider how this may be affecting the supervisory relationship and training.

4.2. Supervisors need to be aware of any prejudices and assumptions which psychodramatists reveal in their work with clients and to raise awareness of these and to challenge the work of the supervisee if necessary.

4.3. Supervision and training are non-exploitative activities. Their basic values are integrity, responsibility, impartiality and respect and this applies whatever the mode of supervision and training, or whether any remuneration is given.

4.4. Supervision is a confidential activity and supervisors must clarify their limits of confidentiality with supervisees:

4.5. Supervisors and trainers have a responsibility to ensure the safety of supervisees and trainees and their clients where possible.

4.6. Supervisors and trainers have a responsibility to encourage competence in supervisees and trainees.

4.7. Supervisors and supervisees, trainers and trainees should agree on a financial and professional contract at the outset of their work together.

4.8. Supervisors must take steps to monitor their own competence including supervision of their supervision work.

4.9. Supervisors, trainers and Institute managers/directors are responsible for setting boundaries to distinguish supervision from therapy, training or management.

4.10. Supervisors and supervisees should ensure that personal or social contact between them does not adversely influence the supervisory relationship.

4.11. Psychodramatists providing therapy should not supervise or train persons receiving therapy with them.

4.12. Supervisors and trainers must not exploit their supervisees & trainees financially, sexually, emotionally or in any way. At no time should a supervisor or a trainer enter in a sexual relationship with a supervisee or a trainee.

4.13. Supervisors and trainers are responsible for advising supervisees and trainees when their personal functioning is impaired because of personal or health reasons or any other reasons and for ensuring that action is taken.

4.14. Supervisors and trainers are responsible for seeking to improve their professional development, practice and competence.

4.15. Supervisors and trainers are responsible for withdrawing from supervisory and training work if their functioning is impaired through personal difficulties, illness or any other reason.

4.16. Supervisors and supervisees should agree their contract, including fees, places and times of meetings, expectations, before the supervision commences.

4.17. Supervisors of trainee psychodramatists should clarify their accountability to their supervisees and their training course. Institute Manager, trainers and student should agree to their contract including time of fees, place and times of meetings, expectation, and program before.

4.18. In general, supervisors must not reveal confidential information about their supervisees or indirectly from the supervisee about their client without the consent of the person involved. Exceptions are stated below:

- to protect a child member of psychodrama from child abuse
- when writing, or teaching others, the information should be presented in such a way that the anonymity of the client and the supervisee is carefully preserved, and consent is sought wherever possible.

4.19. Supervisors of trainees may speak about their supervisee's work to their trainers according to their original agreement.

4.20. If in the course of supervision, it appears that therapy is necessary for a supervisee the supervisor has responsibility to suggest this to the supervisee.

4.21. Where disagreements cannot be resolved between supervisors and supervisees the supervisor should consult with a fellow professional and, if appropriate, recommend that the supervisee be referred to another supervisor.

4.22. Where disagreements cannot be resolved between the trainer and trainees, the trainer should consult with a fellow professional and if appropriate, recommend that the supervisee be referred to another supervisor.