

UKCP ethics and complaints procedures: Fact or Fiction?

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Thompson from the USA puts the uncomfortable case like this:

'The desire for power and identity (of professional associations) may or may not be accompanied by a strong desire to serve the public and to do so in more effective ways, even though the profession espouses such goals. The immediate, often tangible, benefits of protecting and enhancing one's prestige and one's political and economic status may often be more powerful incentives than those of good service to the public. Should the two conflict, or appear to conflict, the latter is apt to give way. (Thompson, 1990, p. 129)'

There is substantial evidence of various kinds that psychotherapy seems to help many people. Researchers have found that theoretical approach is irrelevant to the successful outcome of Eurocentric psychotherapies - no matter how measured. There is substantial evidence that it is in fact the therapeutic relationship rather than diagnosis or technique or 'approach' which creates the beneficial effects of psychotherapy.

Healing of emotional or mental distress is not unique to the last hundred years in the industrialised west. Investigators have found healing practices dating back for thousands of years and in all lands of the world. Research into the most effective ingredient of all such ancient or indigenous healing practices also find that it is the therapeutic relationship that brings about change. (The other factors are a culturally congruent narrative or explanation, a

designated place and some prescription for action).

In addition to the multitude of studies which have testified to the overriding importance of the therapeutic relationship, it has been found that there are different kinds of relationship required for different kinds of patients at different times. This has been found to be more important than diagnosis in predicting effectiveness of psychotherapy.

Through extensive qualitative research I have identified five kinds of therapeutic relationship that have been found to be potentially present in all approaches to psychotherapy. These modalities of relationship are: the Working Alliance, Transference/Countertransference (or unfinished relationship), the Developmentally Needed or Reparative relationship, the Person-to-Person or

dialogic relationship and the Transpersonal relationship such as in Jungian analysis. I see a responsible concern with ethics as the basis of all relationships, and in particular, as the foundation for all professional activity, *a relational ethics*.

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Evidence exists that there are experiences of psychotherapy by which people feel harmed. Independent research has found that one of the most salient facts here is that the harmfulness seems to have to do with the extent to which a psychotherapist entrenches into a theoretical position when challenged or questioned by their client. The UKCP is still organised into sections comprising 'approaches' despite the evidence that such orientations are not particularly relevant. This exacerbates competition between 'schools' rather than focusing on developing and improving psychotherapy practice and ethical practice across the board.

The other major source of harmfulness in psychotherapy is unethical practice such as sexual abuse of clients. POPAN figures show that psychotherapists rank only after doctors as the major perpetrators of abuse. (POPAN is the Charity: Prevention of Professional Abuse Network.)

POPAN has found that the experience of clients trying to use professional complaints procedures is 'appalling'. It is also comparatively rare. Research shows that unless their colleagues confront and/or report psychotherapists, clients are likely to continue to be abused by psychotherapists and fobbed off or traumatised by the experience of attempting to use complaints processes against the well-funded legal and financial resources of large professional organisations. A patient who had been sexually abused by a psychologist made a complaint to the BPS. He was found guilty, for the second time, by a disciplinary committee. Yet he remained a member of the BPS and was not struck off the register. He continues to teach while his ex-patient and lover languishes in a mental institution. So what does one have to do to be expelled?

I have, for some decades, involved myself in the writing, implementation and research of professional codes of ethics and the psychology of morality, eg. *The Bystander* 1994, and relationship, *The Therapeutic Relationship*, 1995. As a clinician supervisor and teacher of some three decades and a member of several UKCP organisations including the AHPP, I believe that I have had ample personal and professional experience in these fields.

Research by colleagues and myself into the ethical dilemmas of UKCP psychotherapists showed that confidentiality is the most frequently experienced ethical dilemma, followed by serious concerns about unethical practice of colleagues. Many psychotherapists know that their colleagues' practice is unprofessional and/or unethical but are afraid to do anything about it because they fear

that: (a) they will lose approved supervisor or therapist status, (b) their colleagues won't make client and supervision referrals to them and/or (c) they will be ostracised by their colleagues for speaking out. To illustrate, here follows in rank order the kinds of ethical dilemmas about collegial conduct which we found in just this phase of the study:

1st:

Serious concerns about colleagues' competence for example: 'I am afraid that she [supervisee] might eventually be a very damaging counsellor, but I don't seem able to let anybody know this, even in the vaguest of terms, because I have no contact with her course tutors. Am I right in thinking there's nothing I can do?'

2nd:

Sexual misconduct of colleagues with clients or students for example: A practitioner expressed grave concern about a sexually abusing colleague who is still practising sexual misconduct, but since the client won't complain has not checked 'whether this organisation takes third party complaints.'

3rd:

Attacks by colleagues on professional reputation for example: 'I found that what I had heard seriously damaged my confidence in my colleague's integrity as a psychotherapist. Yet there seemed to be no appropriate place to take my concerns, especially as the source of my information was so informal.'

Boundary breaks and financial exploitation of clients and students for example ranked joint 4th; general misconduct (unspecified); and issues to do with moral competence including

lying about qualifications ranked joint 5th. Issues to do with discrimination of various kinds and issues to do with the abuse of power over clients or students or members ranked joint 6th and the effect on clients of the mismanagement of a colleague's death ranked last in this sort.

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There is substantial evidence of organisational collusion with psychotherapist abuse. There is also substantial evidence that actions are taken against professionals who attempt to rectify such matters with their own organisations.

In *The Psychotherapist*, March 1998, the UKCP Ethics Officer, in a report on a conference, published a claim that 'some would be heartened to hear that the UKCP is not subject to judicial review.' It was unclear why some members of UKCP would be *heartened* by such a statement, since Judicial Review exists in order to ensure that bodies with public responsibilities are legally accountable for how they carry these out, particularly if complaints processes are based on claims that these exist for the protection of the public.

Details of last year's case which was taken to Judicial Review are available from the address below. Contrary to what was published to all members in *The Psychotherapist*, the application for Judicial Review established that the decisions of the UKCP are, in fact, subject to the summary process of Judicial Review in the High Court in order to ensure that they are legal, rational, without apparent bias and fair. This was in the best interests of the UKCP, since it could lend weight to the status of the UKCP as a whole in terms of providing clear force to its public accountability. Because the UKCP can now be seen to be under the supervisory jurisdiction of the High Court, trust in its functions of protection of the public can only be enhanced, notwithstanding the questioning of the erstwhile Executive/ Governing Board's actions.

As part of a qualitative research project, I have for some years been confidentially interviewing people and members of

UKCP organisations who feel or fear that their ethics complaints will not or have not been properly handled by UKCP member organisations and UKCP constituted bodies. If you want to contribute, confidentially, towards compiling this kind of information for the benefit of the profession, as well as the public, please contact me.

Further details and references are available from PHYSIS, 12 North Common Road, London W5 2QB. Tel/ Fax. 0181 567 0388 & physis.co.uk.

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Vincent Keter LLB. is an artist who has trained as a barrister in order to assist his wife and other clients, colleagues and organisations to obtain justice and fair process.

