There But for the Grace ...

Whiz Collis

When the editor rang me and asked me to give a personal account of what it was like to be involved in ethics and complaints work, I accepted with some misgivings. However, I felt that it would be useful to me to explore the feelings and issues around these issues that generate so much fear and paranoia. I shall be looking at the general nature of ethics and complaints, and also suggesting how we might be able to attend to these issues before they come to the complaint stage.

I well remember many years ago, a friend telling me that she was to become a magistrate, and my instinctive reaction was to recoil from the need to be judgemental. What about Rogers, and his Unconditional Positive Regard? Is it possible to make a non-judgmental judgement? In order to try and look at this I became involved with ethics, without having to judge anyone, It was fine to be involved in setting up good practice ideas. So, we worked out ethical codes, statements, and practices. This felt good. However, once you are on an ethics committee, people start to ask you to be involved in dealing with those that may have broken those codes. Oh dear, now I was the one doing the judging. However, I also felt that I could not help lay down codes for myself and others if I was not prepared to be at the dirty end of things, complaints. I was then faced with a situation that ray friend as a magistrate faced. Could I put myself forward as the 'good' one, the one who judges, when, as I thought at the beginning, those that came up against the complaints system were 'possibly bad'?

As I was involved in complaints where some therapists were considered by their peers to have betrayed their clients by inappropriate behaviour, and had, apparently, signed up to ethical codes that they had no intention of keeping, I became angry that our profession could be so let down by unscrupulous members. I felt full of righteousness. Then, of course, it became clear that most of the practitioners were not unscrupulous at all. They had found themselves in this difficult situation for different reasons. My views changed and I realised that I could easily have been sitting on the other side of the table. Perhaps I was just lucky that no-one had taken out a complaint against me? Most valuably I began to ask myself what I would have done in such situations, many of which were familiar to me. I returned to a more humble stance.

During the past ten years I have become involved with complaints within my own training organisation, Bath Centre for Psychotherapy and Counselling, AHPP, the Humanistic and Integrative Psychotherapy Section of UKCP, and the Ethics Committee of UKCP. During this time, I have been guided by three principles -

1) There must be a system that clients, other professionals and trainees can turn to when things are alleged to have gone wrong.

2) That the process must be fair to both the practitioner complained against, and the person complaining.

3) That the process should be as clear and easy to understand as possible.

In her book Fiona Palmer Barnes, Chair of Ethics of UKCP, distinguishes between mistakes, poor practice, negligence, and malpractice. (Palmer Barnes 1998). I found this very useful.

Mistakes, 'an unintended slip in good practice', are what we all make because we are human, forget things, and generally have too much to deal with. We forget a session with a client, or forget to ring a supervisee when they have left a message on our answering machine. There may be underlying unconscious process involved in these actions, but they are mistakes.

Poor practice is defined as 'a failure of good practice whether intentional or not'. It can happen when unexpected tragedy strikes, and perhaps we or a partner are taken ill. It is poor practice not to have a system in place that can let clients know that you are not going to be there for their next appointment. It is poor practice to gossip about clients with colleagues in an agency.

Negligence is defined as 'a want of proper care or attention and involves carelessness'. This can involve failing to refer on when the therapist feels out of their depth with a client, of failing to contact other health professionals when the practitioner knows that the client is in danger of harming self or others, of failing to provide adequate supervision for supervisees if we are going to be on a long break. It is in these last two sections that most complaints fall.

Malpractice is defined as 'practice or behaviour that is intentionally, emotionally, financially, physically or sexually abusive'. In other words the practitioner, uses for their own ends,

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the relationship S/he has with the client. It is my belief that the client is *always* in a vulnerable position in the therapeutic relationship. I am sure there is no-one reading this article who would question the need for us to protect these clients. I hope, though I know it is unlikely, that there is no-one reading this article who falls into this category. In some ways these are the easy cases, the therapist often does not attend the hearing, other witnesses who have had the same experience back up the complaint, or the therapist clearly despises the person complaining and seeks to denigrate them.

With the first three categories, I am constantly thinking - this could easily be me; I see a practitioner who is trying to do a good job, has the client's interest at heart, and yet something goes wrong. How does this come about? I have come to realise that most

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complaints, though not all, could be dealt with at a very early stage through the medium of supervision. Though this is a challenge to all practitioners at all times, it seems to me that there are two particular categories of therapist that are perhaps not using supervision to best advantage.

The training or newly qualified practitioner often approaches supervision with fear. S/he lacks confidence, knowing that training is just the beginning of the learning process of becoming a therapist. S/he may be in awe of the supervisor, indeed the supervisor may halve been a trainer at one point. The idea of bringing the feelings of lust/love/hate/boredom/indifference for the client to this person whom they respect and want approval from, provokes too much anxiety. The mistakes that we all make seem exaggerated into sins of the worst order. 'Maybe if I just don't say ...'; indeed the process is often unconscious. The clients that don't get taken to supervision, just forgotten - perhaps things are not 'difficult' - the relationship is going well, these are the clients who get overlooked. Who amongst your clients hasn't had a good look in recently? In writing this article I asked myself the same question. I realised that in taking the 'interesting' client, and I once had one that came up in every supervision session for a year or more, in taking the client where I felt 'progress' was being made, where I could feel dynamic and alive within the therapeutic relationship, I was ignoring my non-demanding client, the client that perhaps was not terribly interesting at the moment, we were in danger of becoming a 'gruesome twosome'! I was in danger of colluding in not upsetting the calm of this therapy, of taking the client at face value.

It is obviously essential that the supervisor knows the entire clinical practice, and can point out that 'we haven't heard much of A recently ...' The supervisor also needs to remember how it was for her/him when first in supervision, so that a non- judgmental attitude of empathic joint inquiry can be established. I personally share mistakes I have made, if they seem useful in the context with a supervisee. It discourages the idea that someone more qualified is perfect, and gives the supervisee a model of self-forgiveness and above all learning from mistakes. I also like to encourage debate and a different view from the supervisee.

The second category of practitioner who can under-use supervision is the extremely experienced psychotherapist. In this case relationships have become rather sloppy. There are perhaps not many other experienced therapists around, so supervision is done with

peers, or even with only one other. The relationship can become part social/ part work, in fact too cosy. The challenging aspect gets lost, and it is the most experienced therapist that falls into a pattern of grandiosity, of knowing what is right for the client. Everything gets labelled transference and the therapist's own blind spots are not discussed. It is difficult when, after many years of practice, training, workshops, of being held in high esteem by hundreds of people, the experienced practitioner needs to admit that they need help just like the rest of us. It is my view that regular supervision should always be part of good practice

We can challenge this attitude by perhaps, going to a supervisor from another orientation, not staying with an individual supervisor for more than a certain number of years. Inviting new and more recently qualified practitioners to join a group supervision, can help us keep up with more recent developments of thinking within the profession. It might also be useful to invite another practitioner to sit in on one supervision session and give you feedback. To be able to do this we must be able to bear scrutiny from our peers, and be able to hold open a door from other orientations. This engenders fear, and we can become incredibly defensive, but if we can't do this how can we expect our clients to open up to us and share their shame and and difficulties? I find it useful to have both a supervision group from my own training days, and an individual supervisor who comes from a different orientation. Sometimes they look at the same issue from fundamentally different positions. This helps me with a wide perspective in which to make my own conclusions as to what may be happening between me and my client.

An information sheet from BAC entitled 'How much Supervision should you have?' talks of the need to understand our individual needs in supervision, and of not solely going by a laid down baseline in training or in work after qualifying. This should be agreed between the supervisor and the supervisee based on experience, caseload, and other support. It also states 'Supervision within counselling is based on a "developmental" rather than a deficiency model of the person. In other words, counselling supervision is not about "policing", where the emphasis is solely on "checking up" on you. Instead the aim is to develop a relationship in which your supervisor is regarded as a trusted colleague who can help you to reflect on all dimensions of your practice and, through that process, to develop your counselling role.' (BAC 1998).

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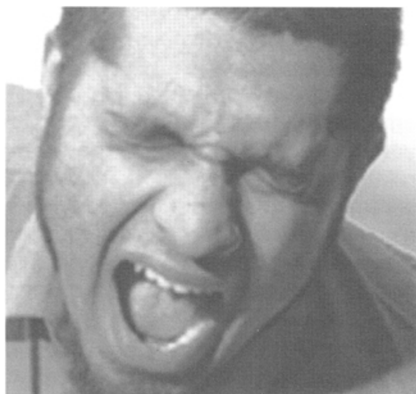
Lastly, I think that we in Counselling and Psychotherapy have to face the fact that we cannot always get it right. There is an expectation that 'Things are going to get better', as Tony Blair's anthem goes. Our expectation, in society, in politics, in our lives generally is that everything ought to be getting better. Some things are not going to get better. For some clients everything we offer is too little and too late, and if

we have given the idea, on initial interview that we can *make them better*, then they quite naturally can be outraged when the pain that they come with is not necessarily removed. Sometimes we are working with the client to face the fact that therapy cannot take away the pain of the trauma they have suffered. It is painful for us as therapists to acknowledge our own limitations, or the limitations of the process of therapy, and we can then find ourselves in difficulties with the angry client.

In complaints work too, we cannot always make things better. We are often looking at issues many years down the line. Jung slept with his patients, Freud and Klein analysed their children, Perls did not consider that sleeping with a group member was so dreadful. In such a young profession



we are sometimes faced with judgements about issues that within their own time were acceptable, but that are definitely not today. As Palmer Barnes says 'Ethics is about universal principles, but it may also be defined as 'a code of behaviour considered correct, especially that of a particular profession' (Collins Dictionary)' and this can only be placed in its time. Often we are dealing with complaints where the time limits set in the codes have long passed, a time when organisations had no codes of practice, or ethics, or an umbrella body setting standards. Sometimes we can only offer a mediation which may or may not help. I have immense sympathy with both the client and the therapist in such situations. However, I am aware that we rely on our clients in so much of this work. Without those who make a complaint when things have gone wrong we shall not be able to learn. I thank them for their bravery and persistence.

Work around the issues of ethics and complaints is not a comfortable task, great fear, defensiveness, paranoia and therefore attack abound. So why am I involved in this? I have no doubt that being drawn to this work stems from my own underlying pathology, but I also think that it comes from a hope that things will get better. We shall never be able to make things right, but hopefully one day with much learning from mistakes, we shall be able to make this process less painful and exhausting for clients, trainees and therapists. I want to be part of that.

Further Reading

Fiona Palmer-Barnes, *Complaints and Grievances in Psychotherapy - A Handbook of Ethical Practice,* Routledge 1998

Information Sheet, 'How much supervision should you have?', British Association of Counselling. Rugby 1998

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