



EMDR Europe Code of Ethics

Statement of Ethical Principles June 2010

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1. Introduction

- EMDR Europe recognises its obligation to set and uphold the highest standards of professionalism, and to promote ethical behaviour, attitudes and judgements on the part of affiliated Associations and EMDR Therapists by:
 - being mindful of the need for protection of the public;
 - expressing clear ethical principles, values and standards;
 - promoting such standards by education and consultation;
 - developing and implementing methods to help EMDR Therapists monitor their professional behaviour and attitudes;
 - assisting EMDR Therapists with ethical decision making; and
 - providing opportunities for discourse on these issues.
- Under the terms of the Constitution EMDR Europe has identified the need for a Code of Ethics and the need for it to be regularly reviewed and updated.
- The existence of this code means that any breaches can be evaluated by EMDR Europe and national EMDR Associations and appropriate corrective action taken.
- The Code of Ethics should be considered in conjunction with other EMDR Europe policies and procedures.
- The Code was produced with reference to a range of existing ethical codes, these are listed in the appendix. The similarity and consistency between ethical codes is apparent and this is reflected in the present document. This should ensure that

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the present document is not contentious or in conflict with existing codes and therefore can be universally accepted.

- Any conflict between the code and any professional practice should be referred to EMDR Europe for consideration and deliberation.
- It is recognised that EMDR Therapists, are members of professions and other national bodies may have existing codes.
- The code forms an integral part of the accreditation process and therefore acceptance as an accredited EMDR Consultant or Practitioner or member of EMDR Europe commits an EMDR Therapist to adherence to all of the ethical principles presented in this code.
- In making decisions on what constitutes ethical practice EMDR therapists will need to consider the application of technical competence in the use of their professional skill and judgement.
- EMDR Therapists cooperate fully with their professional body and national associations and with EMDR Europe by responding promptly and completely to inquiries from and requirements of any duly constituted ethics or professional committees of such associations or organisations.
- In accepting the Code of Ethics EMDR Europe Associations need to accept that the code has to operate in relation to and within the established legal framework of each country.

II Decision making

- a) Thinking about ethics should pervade all professional activity. Ethics can be defined as the science of morals or rules of behaviour. Before embarking on professional work the ethical implications should be considered as part of the work context together with legal, professional and other frameworks.
- b) Areas of ethical concern that have been identified include:
- multiple relationships – where the EMDR Therapist owes an allegiance to several different stakeholders;
 - personal relationships – where the EMDR Therapist infringes or violates the trust of a client or clients;
 - unclear or inadequate standards of practice – where the EMDR Therapist is unaware of or disregards the current systems in use by peers or others in similar work;
 - breaches of confidentiality – where rules and constraints were broken or not clarified in advance with stakeholders;
 - competence – where excessive or misleading claims are made or where inadequate safeguards and monitoring exist for new areas of work;
 - research issues including falsifying data, failing to obtain consent, plagiarism or failing to acknowledge another's work or contribution.
 - health problems affecting performance or conduct; and
 - bringing professions, organisations or treatment processes into disrepute.

- c) Many of the above concerns involve unethical behaviour but others involve lack of information, poor planning or carelessness. Reflective practice, peer support and transparency of professional activity would prevent problems occurring or developing into serious concerns.

III Structure of the code

- a) This code is based on four ethical principles, which constitute the main domains of responsibility within which ethical issues are considered. These are:

respect;

competence;

responsibility; and

integrity.

- b) Each ethical principle is described in a statement of values, reflecting the fundamental beliefs that guide ethical reasoning, decision making, and behaviour.
- c) Each ethical principle described is further defined by a set of standards, setting out the ethical conduct that EMDR Europe expects of its members.

IV Ethical principles

1. Ethical principle: RESPECT

Statement of values – EMDR Therapists value the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over clients, and with particular regard to people’s rights including those of privacy and self determination.

1.1 Standard of general respect.

EMDR Therapists should:

- (i) Respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status. They should avoid any action that will violate or diminish the human, legal and civil rights of clients or others who may be affected.
- (ii) Respect the knowledge, insight, experience and expertise of other members of their profession and of related professions, clients, relevant third parties, and members of the general public and make every effort, in so far as they are able, and where that does not conflict with the interests of their clients, to provide full information and give mutual respect.
- (iii) Avoid practices that are unfair or prejudiced.
- (iv) Be willing to explain the basis for their ethical decision making.

1.2 Standard of privacy and confidentiality.

EMDR Therapists should:

- (i) Keep appropriate records.
- (ii) Normally obtain the consent of clients who are considered legally competent or their duly authorised representatives, for disclosure of confidential information.
- (iii) Restrict the scope of disclosure to that which is consistent with professional purposes, the specifics of the initiating request or event, and (so far as required by the law) the specifics of the client's authorisation.
- (iv) Record, process, and store confidential information in a fashion designed to avoid inadvertent disclosure.
- (v) Ensure from the first contact that clients are aware of the limitations of maintaining confidentiality, with specific reference to:
 - a) potentially conflicting or supervening legal and ethical obligations;
 - b) the likelihood that consultation with colleagues may occur in order to enhance the effectiveness of service provision; and
 - c) the possibility that third parties such as translators or family members may assist in ensuring that the activity concerned is not compromised by a lack of communication.
- (vi) Restrict breaches of confidentiality to those exceptional circumstances under which there appears sufficient evidence to raise serious concern about:
 - (a) the safety of clients;
 - (b) the safety of other persons who may be endangered by the client's behaviour; or

- (c) the health, welfare or safety of children or vulnerable adults.
- (vii) Consult a professional colleague when contemplating a breach of confidentiality, unless the delay occasioned by seeking such consultation is rendered impractical by the immediacy of the need for disclosure.
- (viii) Document any breach of confidentiality and the reasons compelling disclosure without consent in a contemporaneous note.
- (ix) When disclosing confidential information directly to clients, safeguard the confidentiality of information relating to others, and provide adequate assistance in understanding the nature and contents of the information being disclosed.
- (x) Make audio, video or photographic recordings of clients only with the explicit permission of clients who are considered legally competent, or their duly authorised representatives.
- (xi) Endeavour to ensure that colleagues, staff, trainees, and supervisees with whom EMDR Therapists work understand and respect the provisions of this code concerning the handling of confidential information.

1.3 Standard of informed consent

EMDR Therapists should:

- (i) Ensure that clients, particularly children and vulnerable adults, are given ample opportunity to understand the nature, purpose, and anticipated consequences of any professional services or research participation, so that they may give informed consent to the extent that their capabilities allow.
- (ii) Seek to obtain the informed consent of all clients to whom professional services or research participation are offered.

- (iii) Keep adequate records of when, how and from whom consent was obtained.
- (iv) Remain alert to the possibility that those people for whom professional services or research participation are contemplated may lack legal capacity for informed consent.
- (v) When informed consent cannot be obtained from clients, no duly authorised representative can be identified and a pressing need for the provision of professional services is indicated, consult when feasible a person well-placed to appreciate the potential reactions of clients (such as a family member, or current or recent provider of care or services), for assistance in determining what may be in their best interests.
- (vi) When the specific nature of contemplated professional services precludes obtaining informed consent from clients or their duly authorised representatives, obtain specific approval from appropriate institutional ethics authorities before proceeding. Where no institutional ethics authority exists, peers and colleagues should be consulted.
- (vii) When the specific nature of research precludes obtaining informed consent from clients or their duly authorised representatives, obtain specific approval from appropriate institutional ethics authorities before proceeding. Where no institutional ethics authority exists, peers and colleagues should be consulted.
- (viii) Take particular care when seeking the informed consent of detained persons, in the light of the degree to which circumstances of detention may affect the ability of such clients to consent freely.

(ix) Unless informed consent has been obtained, restrict research based upon observations of public behaviour to those situations in which persons being studied would reasonably expect to be observed by strangers, with reference to local cultural values and to the privacy of persons who, even while in a public space, may believe they are unobserved.

(x) Obtain supplemental informed consent as circumstances indicate, when professional services or research occur over an extended period of time, or when there is significant change in the nature or focus of such activities.

(xi) Withhold information from clients only in exceptional circumstances when necessary to preserve the integrity of research or the efficacy of professional services, or in the public interest and specifically consider any additional safeguards required for the preservation of client welfare.

(xii) Avoid intentional deception of clients unless: (a) deception is necessary in exceptional circumstances to preserve the integrity of research or the efficacy of professional services; (b) any additional safeguards required for the preservation of client welfare are specifically considered; and (c) the nature of the deception is disclosed to clients at the earliest feasible opportunity.

1.4 Standards of self-determination

EMDR Therapists should:

(i) Endeavour to support the self-determination of clients, while at the same time remaining alert to potential limits placed upon self-determination by personal characteristics or by externally imposed circumstances.

(ii) Ensure from the first contact that clients are aware of their right to withdraw at any time from the receipt of professional services or from research participation.

(iii) Comply with requests by clients who are withdrawing from research participation that any data by which they might be personally identified, including recordings, be destroyed.

2 Ethical Principle: COMPETENCE

Statement of values – EMDR Therapists value the continuing development and maintenance of high standards of competence in their professional work, and the importance of preserving their ability to function optimally within the recognised limits of their knowledge, skill, training, education, and experience.

They accept the responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

2.1 Standard of awareness of professional ethics

EMDR Therapists should:

(i) Develop and maintain a comprehensive awareness of professional ethics, including familiarity with this Code.

(ii) Integrate ethical considerations into their professional practices as an element of continuing professional development.

2.2 Standard of ethical decision making

EMDR Therapists should:

(i) Recognise that ethical dilemmas will inevitably arise in the course of professional practice.

- (ii) Accept their responsibility to attempt to resolve such dilemmas with the appropriate combination of reflection, supervision, and consultation.
- (iii) Be committed to the requirements of this Code.
- (iv) Engage in a process of ethical decision making that includes:
 - a) identifying relevant issues;
 - b) reflecting upon established principles, values, and standards;
 - c) seeking supervision or peer review;
 - d) using the Code of Ethics and Conduct to identify the principles involved;
 - e) developing alternative courses of action in the light of contextual factors;
 - f) analysing the advantages and disadvantages of various courses of action for those likely to be affected, allowing for different perspectives and cultures;
 - g) choosing a course of action;
 - and
 - h) evaluating the outcomes to inform future ethical decision making.
- (v) Be able to justify their actions on ethical grounds.
- (vi) Remain aware that the process of ethical decision making must be undertaken with sensitivity to any time constraints that may exist.
- (vii) Given the existence of legal obligations that may occasionally appear to contradict certain provisions of this Code, analyse such contradictions with particular care, and adhere to the extent possible to these ethical principles while meeting the legal requirements of their professional roles.

2.3 Standard of recognising limits of competence

EMDR Therapists should:

(i) Recognise and practice within the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience.

In those areas in which recognised standards do not yet exist, EMDR Therapists take whatever precautions are necessary to protect the welfare of their clients.

(ii) Recognise the need for and engage in Continued Professional Development and be open to new procedures and changes in expectations and values over time.

(iii) Remain abreast of scientific, ethical, and legal innovations germane to their professional activities, with further sensitivity to ongoing developments in the broader social, political and organisational contexts in which they work.

(iv) Seek consultation and supervision when indicated, particularly as circumstances begin to challenge their scientific or professional expertise.

(v) Engage in new and additional areas of professional activity only after obtaining the knowledge, skill, training, education, and experience necessary for competent functioning.

(vi) Remain aware of and acknowledge the limits of their methods, as well as the limits of the conclusions that may be derived from such methods under different circumstances and for different purposes.

Perform their duties on the basis of careful preparation and readiness so that their practice is of the highest standard and communication is accurate, current, and relevant.

(vii) Strive to ensure that those working under their direct supervision also comply with each of the requirements of this standard and that they are not required to work beyond the limits of their competence.

2.4 Standard of recognising impairment

EMDR Therapists should:

(i) Monitor their own personal and professional lifestyle in order to remain alert to signs of impairment.

Be sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as EMDR Therapists.

Be aware of the possible impact of their public behaviour upon the ability of colleagues to perform their professional duties.

(ii) Seek professional consultation or assistance when they become aware of health-related or other personal problems that may impair their own professional competence.

(iii) Refrain from practice when their professional competence is seriously impaired.

(iv) Encourage colleagues whose health-related or other personal problems may reflect impairment to seek professional consultation or assistance, and consider informing other potential sources of intervention, when such colleagues appear unable to recognise that a problem exists. EMDR Therapists must inform potential sources of intervention where necessary for the protection of the public.

3 Ethical Principle: RESPONSIBILITY

Statement of Values – EMDR Therapists value their responsibilities to clients, to the general public, and to their core profession, including the avoidance of harm and the prevention of misuse or abuse of their contributions to society.

3.1 Standards of general responsibility

EMDR Therapists should:

(i) Protect the welfare and avoid harming clients, but take into account that the interests of different clients may conflict. The EMDR Therapist will need to weigh these interests and the potential harm caused by alternative courses of action or inaction.

Apologise for any negative outcomes that result. Many formal complaints are often a client's only way of obtaining an acknowledgement of distress. Saying 'sorry' does not automatically admit liability.

(ii) Avoid personal and professional misconduct that might bring EMDR Europe their Association or the reputation of their profession into disrepute, recognising that, in particular, convictions for criminal offences that reflect on suitability for practice may be regarded as misconduct.

(iii) Seek to remain aware of the scientific and professional activities of others with whom they work, with particular attention to the ethical behaviour of employees, assistants, supervisees and students.

(iv) EMDR Therapists have a responsibility to be mindful of any potential risks to themselves.

3.2 Standards of termination and continuity of care

EMDR Therapists should:

- (i) Make clear at the first contact, or at the earliest opportunity, the conditions under which the professional services may be terminated.
- (ii) Take advice where there appears to be ambiguity about continuing with professional services.
- (iii) Terminate professional services when clients do not appear to be deriving benefit and are unlikely to do so.
- (iv) Refer clients to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals.

3.3 Standard of protection of research participants

EMDR Therapists should:

- (i) Consider all research from the standpoint of research participants, for the purpose of eliminating potential risks to psychological well-being, physical health, personal values, or dignity.
- (ii) Accept responsibility for the selection of their research topics and methods used in investigation, analysis and reporting.
- (iii) Undertake such consideration with due concern for the potential effects of, for example, age, disability, education, ethnicity, gender, language, national origin, race, religion, marital or family status, or sexual orientation, seeking consultation as needed from those knowledgeable about such effects.

- (iv) Ask research participants from the first contact about individual factors that might reasonably lead to risk of harm, and inform research participants of any action they should take to minimise such risks.
- (v) Refrain from using financial compensation or other inducements for research participants to risk harm beyond that which they face in their normal lifestyles.
- (vi) Exercise caution when research participants are in a commercial setting and therapist remuneration may influence treatment.
- (vii) Obtain the considered and non-subjective approval of independent advisors whenever concluding that harm, unusual discomfort, or other negative consequences may follow from research, and obtain supplemental informed consent from research participants specific to such issues.
- (viii) Inform research participants from the first contact that their right to withdraw at any time is not affected by the receipt or offer of any financial compensation or other inducements for participation.
- (ix) Inform research participants from the first contact that they may decline to answer any questions put to them, while conveying as well that this may lead to termination of their participation, particularly when safety issues are implicated.
- (x) Inform research participants when evidence is obtained of a psychological or physical problem of which they are apparently unaware, if it appears that failure to do so may endanger their present or future well-being.

(xi) Exercise particular caution when responding to requests for advice from research participants concerning psychological or other issues, and offer to make a referral for assistance if the inquiry appears to involve issues sufficiently serious to warrant professional services.

3.4 Standard of debriefing of research participants

EMDR Therapists should:

(i) Debrief research participants at the conclusion of their participation, in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort, or misconceptions, and in order to arrange for assistance as needed.

(ii) Take particular care when discussing outcomes with research participants, as seemingly evaluative statements may carry unintended weight.

4 Ethical principle: INTEGRITY

Statement of values – EMDR Therapists value honesty, accuracy, clarity, and fairness in their interactions with all persons, and seek to promote integrity in all facets of their scientific and professional endeavours.

4.1 Standard of honesty and accuracy

EMDR Therapists should:

- i. Be honest and accurate in representing their professional affiliations and qualifications, including such matters as knowledge, skill, training, education, and experience.
- ii. Claim as evidence of professional training, qualifications, and accreditation in EMDR only those recognised by EMDR Europe.

- iii. Take reasonable steps to ensure that their qualifications and competences are not misrepresented by others, and to correct any misrepresentations identified.
- iv. In announcing or advertising the availability of professional services or publications, do not present their affiliation with any organisation in a manner that falsely implies sponsorship or certification by that organisation, specialised professional competence or qualifications.
- v. Be honest and accurate in conveying professional conclusions, opinions, and research findings, and in acknowledging the potential limitations.
- vi. Be honest and accurate in representing the financial and other parameters and obligations of supervisory, training, employment, and other contractual relationships.
- vii. Ensure that clients are aware from the first contact of costs and methods of payment for the provision of professional services.
- viii. Claim only appropriate ownership or credit for their research, published writings, or other scientific and professional contributions, and provide due acknowledgement of the contributions of others to a collaborative work.
- ix. Be honest and accurate in advertising their professional services and products, in order to avoid encouraging unrealistic expectations or otherwise misleading the public.
- x. Present the practice of EMDR and offer their services, products, and publications fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration, or superficiality.

- xi. As teachers, EMDR Therapists ensure that statements in course outlines are accurate and not misleading, and accurately represent the education, training, and experience of the EMDR Therapists presenting the programs and any fees involved.

4.2 Standard of avoiding exploitation and conflicts of interest

EMDR Therapists should:

- (i) Remain aware of the problems that may result from dual or multiple relationships, for example, supervising trainees to whom they are married, teaching students with whom they already have a familial relationship, or providing psychological therapy to a friend.
- (ii) Avoid forming relationships that may impair professional objectivity or otherwise lead to exploitation of or conflicts of interest with a client.
- (iii) Clarify for clients and other relevant parties the professional roles currently assumed and conflicts of interest that might potentially arise.
- (iv) Refrain from exploiting and abusing professional relationships in order to advance their sexual, personal, financial, or other interests.
- (v) Recognise that conflicts of interests and inequity of power may still reside after professional relationships are formally terminated, such that professional responsibilities may still apply.

When conflicts of interest arise between clients and EMDR Therapists' employing institutions, EMDR Therapists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments.

4.3 Standard of Maintaining Personal Boundaries

EMDR Therapists should:

(i) Refrain from engaging in any form of sexual or romantic relationship with persons to whom they are providing professional services, or to whom they owe a continuing duty of care, or with whom they have a relationship of trust. This might include a former patient, a student or trainee, or a junior staff member.

(ii) Refrain from engaging in harassment and strive to maintain their workplaces free from sexual harassment.

(iii) Recognise as harassment any unwelcome verbal or physical behaviour, including sexual advances, when

a) such conduct interferes with another person's work or creates an intimidating, hostile or offensive working environment;

b) submission to this conduct is made implicitly or explicitly a term or condition of a person's education, employment or access to resources; or

c) submission or rejection of such conduct is used as a basis for decisions affecting a person's education or employment prospects.

(iv) Recognise that harassment may consist of a single serious act or multiple persistent or pervasive acts, and that it further includes behaviour that ridicules, disparages, or abuses a person.

(v) Make clear to students, supervisees, trainees and employees, as part of their induction, that agreed procedures addressing harassment exist within both the workplace and EMDR Europe.

(vi) Cultivate an awareness of power structures and tensions within groups or teams.

4.4 Standard of Addressing Ethical Misconduct

EMDR Therapists should:

- (i) Challenge colleagues who appear to have engaged in ethical misconduct, and/or consider bringing allegations of such misconduct to the attention of those charged with the responsibility to investigate them, including national EMDR Associations and EMDR Europe particularly when members of the public appear to have been, or may be, affected by the behaviour in question.
- (ii) When bringing allegations of misconduct by a colleague, do so without malice and with no breaches of confidentiality other than those necessary to the proper investigatory processes.
- (iii) When the subject of allegations of misconduct themselves, take all reasonable steps to assist those charged with the responsibility to investigate them.

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References

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