

ASSOCIATION FOR THOUGHT FIELD THERAPY CODE OF ETHICS & PRACTICE

For TFT Practitioners & Therapists (UK English Version)



1. Introduction

1.1 The purpose of this Code is to establish and maintain standards for TFT practitioners / therapists who are members of the Association for Thought Field Therapy and / or affiliated bodies and to inform and protect members of the public seeking and using their services. All levels of membership are governed by this code. Members who are licensed and / or accredited with other professional bodies consent to be governed by this Code of Ethics and Practice when they practise Thought Field Therapy (TFT).

1.2 The Association for Thought Field Therapy (ATFT) recognises that its practitioners come with a wide range of qualifications, experience and backgrounds and from many countries in the world, so this code must be adapted as needed to the laws prevailing in the country where the practitioner resides. It is the duty of all practitioners to familiarise themselves with their local laws and guidelines in relation to healthcare, where these exist, and to abide by them. In the process of making decisions regarding their conduct, practitioners must maintain this Code of Ethics in addition to any professional board regulations to which they are subject.

1.3 A lack of awareness or misunderstanding of any part of this code is not a defence for unethical conduct. If the meaning of any part of this document is unclear to an individual, it is the responsibility of that Member to contact the Board for clarification.

1.4 The term 'client' refers to the recipient of TFT. The terms 'practitioner' and 'therapist' are interchangeable.

1.5 Whilst this Code cannot take into account all ethical and practical related issues, it aims to provide a framework for addressing these matters and to encourage optimum levels of practice.

2. Thought Field Therapy

2.1 Thought Field Therapy is a powerful intervention that enables the therapist to work in a different and often dramatically faster way than with the practice of conventional psychotherapy or counselling.

2.2 The scope of work undertaken will vary according to the individual client's needs and the experience of the practitioner. The primary aim of TFT is to empower clients to take control of their lives and enhance their wellbeing.

3. Responsibility to the Client

3.1 The nature of the therapy and the terms upon which it is being offered should be made clear to clients before the work commences. It is the client's choice whether or not to participate.

3.2 Except in the case of emergency, where TFT is used by people trained in first aid, therapists must ensure that clients are attending of their own volition and not at the behest of a partner, a family member or other third party of any kind.

3.3 If a practitioner wishes to obtain or issue a report relevant to the client, consent from the client and other parties, if applicable, such as parent or guardian, should also be sought and recorded.

3.4 Therapists in practice are responsible for establishing and monitoring boundaries of the therapeutic relationship and making these explicit to the client.

3.5 Clients should be offered privacy for therapy sessions. If therapists are seeing fee-paying clients in the therapists' own homes, they are responsible for providing a professional environment which assures safety and privacy.

3.6 Clients should not be observed or overheard by anyone other than their therapist without having given informed consent. This consent also applies to audio/video taping of sessions.

3.7 Therapists should take all reasonable steps to ensure that clients suffer neither physical nor psychological harm during therapy.

3.8 Practitioners/therapists must not exploit their clients either financially, sexually, emotionally or in any other way.

3.9 At the conclusion of therapy, practitioners must ensure that their clients are satisfied with the outcomes achieved, or they must provide referral to more suitably qualified therapists. If this is not an option, then clients should be advised to consult their primary care providers.

3.10 It is important to maintain and respect professional standards in any relationship following the agreed-upon ending of therapy.

4. Advertising Thought Field Therapy

4.1 Any promotional and / or advertising material, including all written and oral information, should accurately reflect the nature of the service offered and the training, qualifications and relevant experience of the psychotherapist. In addition, such material should conform to the statutes and regulations, if any, that exist for the regulation of advertising and / or consumer protection prevailing in the country where the practitioner resides.

4.2 When advertising TFT, therapists should limit the information to a description of the services offered together with contact details and relevant qualifications, including the level of the practitioners' TFT certification. All such announcements should be accurate in every detail. They

should refrain from making exaggerated or unverifiable claims for the effectiveness of their methods and from advertising services in a way likely to encourage unrealistic expectations.

4.3 Therapists/practitioners should not display an affiliation with an organisation in a manner which falsely implies the sponsorship or verification of that organisation.

5. Contracting

5.1 TFT therapists are responsible for communicating to the client the terms upon which psychotherapy is being offered, including availability, fees and cancelled appointments.

5.2 It is essential to keep accurate and legible records of all client sessions. Entries for each session should be dated and signed by the therapist.

5.3 At the client's request, information should be given about records kept, access to these records, and their availability to other people, including the degree of security with which they are kept.

5.4 In some jurisdictions, clients have the right to read their therapists' notes. Care must be taken to avoid putting remarks on paper that might cause hurt or offence.

5.5 Thought Field Therapy practitioners have a responsibility to establish with clients whether they, the clients, are currently working with any other therapeutic, medical or helping professionals. If the therapist wishes to confer with other professional care providers, the client's permission must first be obtained in writing. This action may involve a decision on the part of the therapist whether or not to engage in work with the client, or the client with the TFT practitioner or therapist.

5.6 It is unethical to denigrate other therapies that the client may have attempted or other therapists with whom the client may have been engaged. It is equally unethical to guarantee or claim, by statement or implication, a successful outcome for your own modality, unless the word 'guarantee' means an explicit undertaking to refund the fee paid for a session should the client be unhappy with the result.

6. Confidentiality

6.1 Where necessary, therapists are responsible for the secure transit, storage, retrieval and disposal of records both written and electronic. It is also important for TFT therapists to leave written instructions concerning transfer or disposal of client records in case of their sudden demise or incapacitation.

6.2 The therapist is responsible for indicating clearly the limitations on confidentiality offered. Confidential information concerning a client is not to be divulged to others except in the following circumstances:

- When working in partnership with the client's primary care-giver or a multi-disciplinary medical or mental health team where information is shared.
- In supervision, consultation, or for teaching purposes where the client's identity is protected and to which the client has given written consent. Care must be taken to ensure that personally identifiable information is not transmitted through any overlapping networks of confidential relationship. For this reason, it is good practice to avoid identifying specific clients during supervision or other consultations, unless there are sound reasons for doing so.
- In transfers and referrals, mutually agreed upon with the client, information may be shared, with the client's permission;
- When a report is requested by others e.g. doctors, probation officers, courts, etc., a mutual agreement is sought with the client and a signed consent is obtained; (See also Section 7)
- When a video or audio tape is made, a signed, freely given consent is obtained from the client specifying the agreed-upon audience. Examples of such audiences could include the public, trainees, or other professionals. There is also agreement as to if and when the tape will be erased.
- Where clear evidence that serious harm to a client or others is likely, and there is a belief that this can be averted by such action. It is well to note that this is particularly applicable in a circumstance where the clients are believed to represent a danger to themselves or to other persons. Prior consent should be obtained from clients unless there is good reason for believing they are no longer able to take responsibility for their own actions. In these instances the advice of the client's primary care provider should be sought.

6.3 Special care is required when writing about specific psychotherapeutic situations for case studies, reports or publications. It is important that the client's valid consent is obtained or that his or her identity is effectively disguised.

6.4 Every possible care should be taken to protect the rights of children in situations where a therapist has knowledge or suspicion that a child is being abused or is at risk of abuse. It is important that all TFT therapists & practitioners are obliged to be informed of their legal responsibility toward children and minors in the country where they practise.

6.5 Whenever possible, the decision to break the confidentiality agreed between therapists and clients should be made only after consultation with a clinical supervisor or an experienced therapist/practitioner. Therapists have an obligation to keep up to date on legal and ethical practices as well as social issues.

6.6 Agreements about confidentiality continue after the client's death, unless there are overriding legal or ethical reasons.

6.7 Where it is deemed desirable to break confidentiality, the minimum necessary information should be revealed to as few people as possible. The aim is to enable clients to resume taking responsibility for their actions.

7. Confidentiality and the Legal Process

- 7.1** Sometimes there is a legal duty to reveal client information, for instance, if the therapist is summoned with a subpoena from a court of law.
- 7.2** TFT Therapists/Practitioners should seek legal advice and contact their supervisors if they are in any doubt about legal rights and obligations, before risking acting in ways which conflict with their agreement with clients.

8. Competence

- 8.1** Therapists should actively monitor the limits of their own competence through therapy supervision and/or consultative support.
- 8.2** TFT therapists/practitioners should not practise when their professional judgement is impaired by excessive stress caused by factors such as drugs, alcohol, or illness. Where they become aware of personal problems that may affect their competence they shall seek appropriate professional assistance to determine whether they should limit, suspend or terminate their professional activity.
- 8.3** Competent therapists recognise their lack of training, expertise or experience to work with highly complicated or high-risk situations and make appropriate referrals
- 8.4** Therapists shall have regard for clients' moral and cultural values and shall not allow their services to clients to be affected by any bias regarding gender, sexual orientation, race, age, nationality, politics, social status or class. Where therapists believe their impartiality is compromised by such factors, they shall refer their client to another competent colleague.
- 8.5** Therapists should have received adequate, ATFT-approved training before commencing to practise Thought Field Therapy. They should hold membership of ATFT or other affiliated body; hold adequate professional indemnity & public liability insurance; maintain ongoing professional development, keep up to date with new knowledge and procedures and engage with a clinical supervisor for support (See Section 9).
- 8.6** The training offered at all levels of TFT is oriented to providing skills in the rapid treatments developed in Thought Field Therapy. It is not intended to provide comprehensive training in the treatment or assistance of those with the problems addressed in this training, nor specialised training in the field of psychology, psychotherapy, or the proper care of patients. It is therefore the responsibility of the practitioner / therapist to ensure that, in addition to their TFT training, he/she has undertaken adequate training in matters concerning the proper care of emotionally vulnerable clients including issues regarding professional consultation, confidentiality, the law, and consumer protection.
- 8.7** Therapists should take all reasonable steps to ensure their own physical safety.
- 8.8** Members of ATFT should not conduct themselves in their therapeutic activities in ways which undermine public confidence in Thought Field Therapy.
- 8.9** Members of ATFT and affiliated bodies are required to adhere to this Code of Ethics. Where professional misconduct by a member is suspected, there is a responsibility to ensure necessary steps are taken to resolve the matter. This may involve implementing the Complaints Procedure (See Section 11).

9. Clinical Supervision/Consultative Support

- 9.1** Clinical supervision/consultative support describes a formal arrangement which enables therapists to discuss their work regularly with one or more practitioners who are competent to provide this service. It is a confidential relationship.
- 9.2** Therapists should practise with regular supervision and consultative support.
- 9.3** The volume of supervision should be in proportion to the volume of therapy work undertaken. The ratio of supervision to client hours is determined by the ATFT Board of Directors and is subject to revision as required.

10. Research

- 10.1** The use of personally identifiable material gained from clients or by observation of Thought Field Therapy should be used only after the client has given written consent, taking care to ensure that consent was freely given.
- 10.2** Therapists conducting research should use their data accurately, restricting their conclusions to those compatible with their methodology.

11. Inquiries into allegations against members

The ATFT has a Complaints, Fitness to Practise and Appeals Board (hereinafter Complaints Board) which looks into allegations against members.

Every complaint is considered in line with the ATFT Complaints Procedure which is available to all members.

The Complaints Board decides whether there is a case to answer and if there is, deals with the complaint according to the Complaints Procedure. If it is found that a case against a member is well founded, the ATFT can take appropriate measures against a member as necessary and this can include expulsion from membership.

When an allegation is made against a member, the ATFT will always take account of these standards when it decides whether to uphold the allegation. It has set generic standards of conduct, performance and ethics and there are profession-specific standards of proficiency, education and training. All of these standards can be relevant.

The ATFT may uphold an allegation against a member even if this document has not specifically mentioned the details of the issues that arise in the particular case. Because of this, the ATFT will always consider every case referred to it individually.

If you are not sure how to interpret or apply the statement, you should contact any ATFT Board member.

In Summary

- Act always in the best interests of your clients.
- Respect the confidentiality of your clients.
- Maintain high standards of personal conduct.
- Provide to the ATFT any important information about conduct, competence or health.
- Keep your professional knowledge and skills up to date.
- Maintain regular contact with a clinical supervisor/consultant.
- Act within the limits of your knowledge, skills and experience and, if necessary, refer on to another member practitioner or healthcare professional.
- Maintain proper and effective communications with clients, users, carers and professionals.
- Effectively supervise tasks you have asked others to carry out for you.
- Obtain informed consent to provide treatment (except in an emergency).
- Keep accurate client and user records.
- Limit your work or stop practising if your performance or judgement is affected by your physical, emotional or mental health.
- Carry out your duties in a professional and ethical way.
- Behave with integrity and honesty.