

Thinking about ethics in ICT

Jonathan Sibley and Debra Jinks explain how AICTP is addressing the perceived need to have specific guidance on ethical practice in integrative coach-therapy

As practitioners explore ways to combine aspects of coaching and psychotherapy/counselling, it makes sense to consider what might fall within and outside of ethical integrative practice. If one already adheres to a coaching code of ethics, should that code of ethics be the final arbiter of ethical practice? What if one adheres to a counselling or psychotherapy code of ethics? What if one has adhered to a coaching code of ethics when practising coaching and a psychotherapy code of ethics when practising psychotherapy? How might one reconcile codes of ethics that might differ in how they address issues around boundaries, sexual contact etc?

With this in mind, the AICTP Ethics committee has been exploring ways in which the Association might provide some guidance on ethical practice for integrative coach-therapists. As a first step, and recognising that there are already several coaching and psychotherapy codes of ethics that practitioners may already be familiar with, we are working toward a set of ethical principles and guidelines that we hope will better serve the needs of integrative coach-therapy (ICT) practitioners.

We believe that there are multiple stakeholders in ethical integrative practice – clients, practitioners, the professions of coaching, psychotherapy and integrative practice, regulatory bodies (in some countries such as the USA) and the general public. When

considering each stakeholder, the lowest hurdle is that of avoiding potential harm. Beyond this minimal goal, practitioners should strive to identify and follow best practices. Unethical practice can potentially harm any or all of the stakeholders that have been mentioned.

For example, a practitioner may not recognise that a client has a history of trauma that might lead the client to become destabilised during a challenging session. If they also do not have the training to help a client who has been triggered in this way, several things may happen. They may cause the client to suffer emotionally without realising it, they may lead the client to become critical of integrative practice, coaching and/or psychotherapy, they may lead colleagues from other professional bodies – or journalists – to question the ethics of integrative practice, and, in some countries, may awaken regulatory inquiries and professional sanctions.



Image courtesy of Danilo Rizzuti at FreeDigitalPhotos.net

If integrative coach-therapy practice were to receive negative PR, this could lead potential clients who might otherwise benefit by seeing an integrative practitioner to search for other forms of help.

It may be helpful to consider some of the issues that an integrative practitioner might face:

A client wants to connect with the practitioner on Facebook and/or LinkedIn.

A client invites the practitioner to a social gathering, wedding etc.

A former client wishes to date the practitioner (or vice-versa).

A client can't afford the practitioner's services and there is the possibility of a barter arrangement.

There is a potential referral source and a referral fee might need to be paid for any referrals to the practitioner.

An integrative colleague is seen to be practising outside his or her area of competence or appears to be impaired.

A client is being coached virtually and it becomes apparent that the client might require more psychotherapeutically orientated face-to-face work that the practitioner is unable to provide.

A coach is hired by an organisation for executive coaching and it becomes apparent that the client would benefit from a more psychotherapeutically orientated approach that has not been addressed in the coaching contract with the sponsor of the engagement.

How does one evaluate whether a particular decision related to these issues or other integrative practice issues is ethical? First, let's consider some of the dimensions that are potentially involved:

- What preparation (including training and certification) does the practitioner have?
- What resources does the practitioner have (peer and/or professional supervision,

additional training, access to specific literature about the issues being dealt with)?

- What sort of client is the practitioner working with? Where on the continuum of potential vulnerability and autonomy/self-efficacy does this particular client seem to fall?
- How is the practitioner working with this client (face to face or virtually, have the practitioner and client ever met face to face if working virtually, what sort of boundaries are there, where along the coaching-psychotherapy continuum does this work fall)?
- Is there appropriate informed consent (with the client and, in organisational work, with the organisational sponsor)?

As members of AICTP continue dialogue around ethical issues and dilemmas, we expect that additional ethical dimensions may become clear.

When considering these, and potentially other, dimensions, we think that having a heuristic to guide decision-making can be helpful. One possibility is to follow Bond¹ who suggests considering:

Universality: Could one recommend the same course of action to others or condone it if chosen by someone else?

Publicity: Could one justify the action to one's peers or expose it publicly?

Justice: Would one take the same course of action for a different client in a similar situation?

These are important questions, for as Brennan² points out: 'Ethics instruction operates as if an individual who is expected to adhere to standards of ethical practice is a rational and unconflicted human being who will calmly and assuredly put aside self-interest and personal experience in order to make ethically informed decisions.'

Ethical lapses are often the result of internal conflicts and/or unrecognised needs within the practitioner that may go unnoticed if there isn't a process that leads the practitioner to carefully consider potentially risky situations, to question subsequent decisions from a variety of perspectives and to seek further guidance when appropriate.

We recognise that managing ethical practice can be fraught with pitfalls for both coaches and therapists, and that integrating both disciplines is likely to present additional challenges. We suggest that the most common cause of unethical practice arises from the erosion of boundaries in some form or another. Clients are frequently unclear about what to expect from therapy or coaching so it might be reasonable to assume that offering an integration of the two could increase the possibility of confusion. If this is not managed well at the outset (and throughout the relationship), the quality of the work and the potential for a positive outcome could be compromised. (That said, it is at least possible that for some clients, integrative coach-therapy might have less potential for confusion given they won't experience what might seem an artificial boundary between 'therapeutic' and 'coaching' work.)

So how can integrative coach-therapist practitioners contain their work within safe and ethical boundaries? And what sort of guidance is needed in the form of a framework or code of ethics to better enable them to do this when the likelihood is that the sometimes changing nature of the work may require boundaries that are flexible?

Our response to this is that we view *flexing* of boundaries to adapt to different types of interventions as very different from the *eroding* or *loosening* of boundaries. If there has been clear contracting at the outset that explains the process, and subsequent ongoing

collaboration about the direction of the work, then changing frequency, length of sessions or contact between sessions does not have to be problematic.

We asked ourselves if the underpinning values and principles already established from the disciplines of coaching and therapy were sufficiently different to require the creation of something new – or could we accept that they were appropriate and fit for purpose when applied to the area of coach-therapy integration. To be able to best respond to this, we tried to identify (and are still in the process of doing so) typical dilemmas that might be specific to coach-therapy integration, such as the issues mentioned above.

The result of this was that the possible responses to the dilemmas we identified all seem to be positioned on a continuum between assumptions around client vulnerability and autonomy/self efficacy. This continuum will be central to the AICTP Ethical Framework. AICTP has offered as part of a position statement, that 'dimensions of client autonomy and client vulnerability need to be carefully considered and balanced in reaching decisions about ethical issues. Client autonomy should be promoted in integrative coach-therapy practice, but any vulnerability needs to be taken into account in determining appropriate courses of action'.

In general, coaching codes of ethics seem to assume a greater degree of client autonomy/self-efficacy than counselling and psychotherapy codes of ethics, which typically have to take into account populations and clients who may be quite vulnerable. When using these existing codes of ethics as points of reference for integrative practice, the safest approach is most likely that of following the stricter code of ethics. At times, it may be appropriate to base

decisions on a looser code of ethics or set of guidelines. However, this should be a decision that is considered consciously, in a way that could be defended, if necessary, having taken into account the dimensions and criteria mentioned above. For example, if the practitioner makes a decision that might be considered inappropriate for a client who is vulnerable, it may be wise to document how the practitioner arrived at the conclusion that this client was not vulnerable and, therefore, why the practitioner decided that this decision would not put the client, coach or profession at risk.

AICTP is committed to further exploration of ethical issues and to providing guidance on ethical practice to integrative coach-therapy practitioners. We hope that you will join us in discussions in the AICTP LinkedIn group as we continue to explore ethical dilemmas and hone our ethical guidelines.

Debra Jinks is Chair of AICTP. Jonathan Sibley is on the ethics working group and co-leads the International Division of AICTP.

References

- 1 Bond T. Standards and ethics for counselling in action. 2nd edition. London: Sage Publications; 2000.
- 2 Brennan C. Ethics beyond the obvious: psychologically based ethics instruction. In: Walz G, Bleuer J, Yep R. (eds) VISTAS 2009. Alexandria, VA: American Counseling Association; 2009. See <http://tinyurl.com/p8mewu5>

AICTP Position Statement on Ethics

We see the management of the ethical dimension of integrative coach-therapy practice as central to practitioners' responsibilities, and members should be able to account for the decisions they make.

AICTP endorses the Universal Declaration of Ethical Principles for Psychologists developed by the International Union of Psychological Science (see www.am.org/iupsys/resources/ethics/univdecl2008.html).

We expect our members to adopt these principles as an underpinning for integrative coach-therapy practice. When faced with an ethical dilemma, members should consider their options for resolution in the light of these principles.

Any universal principles are of necessity quite broad. We see these as a foundation and as a basis for further exploration and clarification. It is our intention, in time, to provide more detailed guidance in relation to the specific issues that we consider are raised by integrative coach-therapy practice. Examples are the maintenance of appropriate boundaries, maintaining appropriate relationships and managing the contractual dimensions of the process.

The dimensions of client autonomy and client vulnerability need to be carefully considered and balanced in reaching decisions about ethical issues. Client autonomy should be promoted in integrative coach-therapy practice, but any vulnerability needs to be taken into account in determining appropriate courses of action.

AICTP Ethics working group