ICPHAA

Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association

MEMBERS' PROFESSIONAL PRACTICE

ICPHAA Code of Conduct for Members

The values, principles and standards of conduct that every ICPHAA member agrees to follow as a condition of membership.

REFERENCE	ICPHAA-POL-01	VERSION	1.0
EFFECTIVE	9 November 2026	NEXT REVIEW	9 November 2027
POLICY OWNER	ICPHAA Board of Directors		

Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association

A voluntary, not-for-profit professional association · admin@icphaa.ie · www.icphaa.ie
Policy and procedure framework of the Association · ICPHAA-POL-01

MEMBERS' PROFESSIONAL PRACTICE · ICPHAA-POL-01

ICPHAA Code of Conduct for Members

APPLIES TO	Every ICPHAA member, in every membership category, in all professional settings (in person, online and in writing).
VERSION	1.0 · effective 9 November 2026 · next review 9 November 2027
POLICY OWNER	ICPHAA Board of Directors
CONTACT	ICPHAA Registry · admin@icphaa.ie

AT A GLANCE

- The welfare of the client is the paramount consideration in every professional decision.
- Six core principles: autonomy, beneficence, non-maleficence, justice, fidelity and self-care.
- Confidentiality is protected, with clear, lawful limits explained to clients at the outset.
- Members practise within their competence, keep up CPD and maintain clinical supervision.
- Concerns about a member can be raised with the ICPHAA Registry at admin@icphaa.ie.

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1. Introduction

The ICPHAA Code of Conduct for Members sets out the values, principles and standards of conduct expected of every member of the Irish Counselling, Psychotherapy & Allied Healthcare Professionals Association, whatever their theoretical orientation, way of working or category of membership. It is the central ethical framework for members in the exercise of their professional duties.

Ethical practice cannot be reduced to a set of rules applied mechanically. It calls for moral seriousness, reflection and a real commitment to the wellbeing of the people who seek support. Members work with people at some of the most vulnerable points in their lives, and the ethical quality of that work has a dir-

ect effect on client wellbeing, on professional credibility and on public confidence in counselling, psychotherapy and allied healthcare in Ireland. The welfare of the client is the paramount consideration in all professional decision-making.

This Code draws on internationally recognised ethical frameworks for the counselling and psychotherapy professions in Ireland, the United Kingdom and Europe, and on applicable Irish and European law, including the Data Protection Acts 1988–2018, the General Data Protection Regulation, the Children First Act 2015 and the Mental Health Act 2001. Every member signs a declaration confirming their acceptance of, and commitment to, this Code as a condition of membership.

2. Core ethical principles

The Code rests on six core principles.

- **Autonomy.** Members respect each client's right to make informed decisions about therapy and about their own life. This requires honesty, transparency and a genuine commitment to obtaining and maintaining informed consent, including the client's right to refuse or withdraw consent at any time.
- **Beneficence.** Members act in the best interests of their clients. This means maintaining competence, engaging in continuing professional development and recognising when a client should be referred to another professional or service.
- **Non-maleficence.** Members avoid causing harm through action or inaction. This includes keeping appropriate boundaries, avoiding harmful dual relationships, using evidence-informed approaches and remaining alert to the power dynamics of the therapeutic relationship.
- **Justice.** Members treat all clients with fairness, equity and respect, work to reduce barriers to access, and provide culturally competent, non-discriminatory services to everyone, regardless of age, gender, sexual orientation, race, ethnicity, religion, disability or socio-economic status.
- **Fidelity.** Members are honest and trustworthy and keep their professional commitments. They are open about the nature and limits of therapy, honour agreements made with clients and keep the confidences entrusted to them within the limits set by law and ethics.
- **Self-care.** A member's own wellbeing is a precondition of good client care. Members look after their health through regular supervision, personal therapy where appropriate, and healthy professional and personal boundaries.

3. Confidentiality and its limits

Confidentiality is the cornerstone of the therapeutic relationship. Members keep all information disclosed by clients confidential, subject only to the limited exceptions set out in this Code and in law.

Clients must be told clearly, at the outset and in plain language, how confidentiality works and where its limits lie, as part of informed consent. Confidentiality may need to be broken where a client presents an imminent and serious risk of harm to themselves; where a client presents a risk of serious harm to an

identifiable third party; where there is a disclosure of child abuse or neglect that engages mandatory reporting obligations under the Children First Act 2015; where a court orders disclosure; or where Irish law otherwise requires or permits it.

A decision to break confidentiality is never taken lightly. It must follow careful clinical and ethical consideration, with supervision wherever possible. Where it is safe to do so, the client should be told beforehand. The reasons and the steps taken must be recorded at the time.

Client records must be kept securely in line with data protection law and ICPHAA policy. Records are retained for at least seven years after therapy ends and, for clients who were under 18, until the client reaches 25 or for seven years after therapy ends, whichever is later. Clients have the right to access their own records, subject to any limits set by law.

4. Professional boundaries and dual relationships

Members keep clear, consistent and appropriate professional boundaries throughout any therapeutic relationship and, where necessary, after it ends. Boundaries protect clients from exploitation, confusion or harm arising from the power imbalance inherent in therapy.

Sexual relationships with current clients are absolutely prohibited and are a fundamental breach of professional ethics, whatever the client's apparent consent. Sexual relationships with former clients are strongly discouraged and, depending on the nature and length of the therapeutic relationship, may amount to professional misconduct. A member considering any relationship with a former client must discuss it in supervision and must be able to show that the therapeutic relationship has fully ended, that the power imbalance has been resolved and that the former client's interests are not compromised.

Non-sexual dual relationships, for example in small communities, in rural practice or where people already know each other, need careful management. Members must be alert to role confusion, the erosion of boundaries and conflicts of interest, and must consult their supervisor when such situations arise. The client's welfare is always the primary consideration.

5. Informed consent

Members obtain informed consent before any therapeutic work begins and keep consent under review throughout. At a minimum, clients should understand the approach and methods used; the goals, process and likely duration of the work; fees and cancellation arrangements; the limits of confidentiality; the member's supervision arrangements; how to make a complaint; any relevant risks or limitations of the approach; and their right to withdraw consent and end therapy at any time.

For clients under 18, parental or guardian consent is ordinarily required, while members remain attentive to the developing autonomy of young people and assess their capacity to consent where appropriate. Where a client's capacity to consent may be affected, members take all reasonable steps to support understanding and follow applicable law and the HSE National Consent Policy.

Consent must be documented. Written consent forms are good practice, but they should be accompanied by a recorded conversation confirming that the client understands what they are agreeing to. Consent is an ongoing process, not a one-off event.

6. Duty of care and safeguarding

Members owe a duty of care to their clients. This includes providing competent, ethical services and acting decisively when a client's safety or welfare is at serious risk.

Under the Children First Act 2015, psychotherapists and counsellors registered with a voluntary professional body are mandated persons and must report reasonable concerns about the abuse or neglect of a child to Tusla, the Child and Family Agency. Members must complete Children First training and keep their knowledge of child protection guidance up to date.

Safeguarding duties also apply to adults at risk. A member who has concerns about the abuse, neglect, financial exploitation or coercive control of an adult at risk must act in line with HSE safeguarding guidance and applicable law, and should consult their supervisor.

All members must have clear procedures for responding to a risk of self-harm or suicide, including competence in risk assessment, access to crisis and emergency contacts, and a clear route for escalation where there is an imminent risk to life. Risk assessments and the actions taken must be recorded at the time, with the reasons for them.

7. Competence and continuing professional development

Members practise within the limits of their competence, as defined by their training, qualifications, supervised experience and continuing professional development. Competence must be actively maintained throughout a professional career, and members must assess its limits honestly.

Where a client needs expertise that the member does not have, the member refers the client to an appropriately qualified colleague or service, discussing this openly with the client and managing the transition with care.

Continuing professional development (CPD) is mandatory for all practising members. Members complete at least the annual CPD set for their membership category in the ICPHAA accreditation requirements, keep a dated CPD log with certificates, and make it available at renewal or on audit. Student members are not required to complete CPD while in training.

Clinical supervision is an essential part of practice for all practising members. Members maintain supervision appropriate to their caseload and membership category, as set out in ICPHAA policy, and keep supervision records, which may be reviewed in any complaint or fitness to practise process.

8. Professional integrity and public representation

Members act with honesty and integrity in every aspect of their professional lives. They must not misrepresent their qualifications, training, experience, membership category or areas of expertise in any setting, including websites, social media and marketing materials. ICPHAA membership is a professional membership and must not be described as statutory registration.

Members hold current professional indemnity insurance appropriate to their practice, including any voluntary or pro bono work, provide evidence of it on request, and tell ICPHAA straight away if it lapses or changes materially.

Members conduct themselves in a way that is consistent with the values of the Association in all public and professional settings, including online. Conduct that brings the profession into disrepute, whether in professional or personal life, may be investigated under the ICPHAA Disciplinary Procedures.

Members experiencing personal difficulties that may affect their practice are encouraged to seek support, including personal therapy, and to discuss with their supervisor whether any changes to their practice are needed. The Association is committed to supporting members' wellbeing and fitness to practise.

9. Raising a concern

Anyone with a concern about the conduct of an ICPHAA member can contact the ICPHAA Registry at admin@icphaa.ie. Concerns are handled under the Association's Complaints Procedures and, where relevant, its Fitness to Practise and Disciplinary Procedures. A member's current status can be checked at www.icphaa.ie/verify-certificate.

READ ALONGSIDE

- Confidentiality Policy
- Supervision Policy
- Continuing Professional Development (CPD) Policy
- Safeguarding & Duty of Care Policy
- Complaints Procedures
- Fitness to Practise Policy

DOCUMENT CONTROL

VERSION	DATE	CHANGE	APPROVED BY
1.0	9 November 2026	Reissued in the ICPHAA policy framework (replaces the former ICPA version).	ICPHAA Board of Directors

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