

# **Accountability and candour within the counselling professions**

**Good Practice in Action 113**  
**Clinical Reflections for Practice**

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## Context

This resource is one of a suite prepared by BACP to enable members to engage with BACP's *Ethical Framework for the Counselling Professions* in respect of accountability and candour.

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## Purpose

The purpose of this resource is to stimulate ethical thinking in respect of practitioner accountability and candour.

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## Using Clinical Reflections for Practice resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. The Clinical Reflections for Practice resources are not contractually binding on members, but are intended to support practitioners by providing information, and offering questions and observations practitioners may need to ask themselves as they make ethical decisions within their practice in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consultation with a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care, the latter including roles such as chaplaincy. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

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## Introduction

Candour is defined by BACP as 'A commitment by practitioners about being open and honest about anything going wrong and to inform clients promptly if anything has occurred that places the client at risk of harm or causes harm to their wellbeing or safety, even if the client is unaware of what has occurred' (BACP *Glossary*).

When reflecting on the *Ethical Framework for the Counselling Professions*, we engage with candour as both a quality and an action. It heads the list of personal attributes we are urged to aspire to when working in the counselling professions, and nestles comfortably alongside our commitment to put clients first, values and principles such as being trustworthy and working with integrity, and even theoretical concepts such as congruence.

To act with candour requires courage, and as we will see below, is interwoven with such concepts as self-care, self-awareness, professionalism, competence and wisdom. Attention to the *Ethical Framework* is vital, because a 'mistake' should be distinguished from poor practice or professional misconduct (GPiA 073 *Accountability and candour within the counselling professions*). Supervision is seen to be a major force in potentially preventing scenarios which pose a risk to clients, especially for less experienced practitioners or trainees, who may lack confidence or ability in spotting or acting on a mistake.

In going through these vignettes, you will see references to the *Ethical Framework* and a wide variety of *Good Practice in Action* resources – [www.bacp.co.uk/gpia](http://www.bacp.co.uk/gpia) – including CPD videos and decision-making tools. You may also find it useful to choose one of the following vignettes and work through the ethical decision-making model described in Good Practice in Action 044.

Given the integration of candour with *all* aspects of good practice, these fictional vignettes cannot cover every scenario, and are designed simply to spark reflection on the situations described. There may be more ethical and practice points that stand out to you, or you might have some examples from your own practice or experience. Time spent reflecting on these in conjunction with the *Ethical Framework* and other available resources will only enrich your engagement with this topic.

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# 1 Overview of vignettes

**Vignette one** is about Inga, a counsellor in an NHS practice who finds herself in difficulties after using a room without adequate privacy.

**Vignette two** describes the dilemma for Pat, an experienced supervisor who accidentally attaches a document containing details of a supervisee's work to an email she sends to someone else.

**Vignette three** describes a situation in which a misunderstanding over a professional title causes a dilemma for Arjun, a counsellor in private practice.

**Vignette four** introduces Jeff, an overloaded service worker. His failure to pass on a message causes distress to a client.

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# 2 Vignettes with questions and observations for practice

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## Vignette one – Inga

Since qualifying a year ago, Inga has continued volunteering once a week in her NHS placement.

The practice is busy but well organised, and counsellors have use of two dedicated rooms. At the moment, however, the room Inga uses is out of use awaiting repair.

As the other room has been allocated to a colleague, Inga has been offered a space she has not used before. It is a small room down the corridor, next to an empty office and storeroom.

Today she is seeing Paloma, a former client, who returned to counselling following the breakdown of her marriage. This is their fourth session since Paloma returned to counselling, and Inga is pleased they have settled back into working together easily. They get straight into the session, and soon Paloma is weeping openly as she details the pain she feels about her husband's departure. A naturally outgoing and expressive person, Paloma tends to speak – and cry – at a louder volume than most other clients. Inga is used to this, but has found herself at times unconsciously mirroring Paloma, raising her own voice when responding. However, Inga is pleased her client is able to express her emotions.

The session goes well. Paloma expresses how beneficial she has found exploring her pain and loneliness. She has connected feelings of being 'abandoned to the wolves' by her husband to similar ones experienced in childhood when her alcoholic mother would leave her alone for days.

"Thank you" she says to Inga as they walk out of the room at the end of the session. "See you next week, but I hope we're back in *our* room again by then – this one is really depressing!"

As Paloma leaves the building, Inga heads into the office to write her notes. A trainee counsellor from another practice is sat there. "I'm just here for the day to catch up on my admin" they explain, "I never get any peace in my place, so it was great to steal the empty office here". Turning to Inga they say "Your poor client though, they sound like they're having a rough time of it. But you did great with them, especially with their childhood stuff!"

Inga is horrified her colleague has heard so much. She starts panicking but forces herself to calm down. They're only here today, she rationalises, they're a professional, they won't repeat what they've heard. Besides, she tells herself, Paloma is a really open person... I know she shares her emotions with others all the time... she was really encouraging about me taping our sessions for my course assessment last time we worked together. I'm sure she wouldn't mind... I'll be back in my proper room next week. It was just one of those things.

### **Observations for practice**

For Inga, the opportunity to demonstrate candour comes at the very start of the session with Paloma. Rather than getting 'straight into the session', could Inga usefully have spent time checking how Paloma was experiencing this unfamiliar therapeutic space, aware that a change in space can be significant for clients? This attention to the wellbeing of the client and their experience within the relationship would certainly fit within the *Ethical Framework's* guidance (Commitment 3d, 4e, 6d, Values 3, Principle of autonomy, Good Practice point 54).

It may also have been useful for Inga to spend time before the session checking that this new space offered met the required standards for the work due to take place, especially when part of contracting is establishing the boundaries of confidentiality (Good Practice points 21, 31c, 50, 55, personal moral qualities of Care and Diligence).

Inga rationalises that because Paloma is been open with her emotions, she 'wouldn't mind' Inga's colleague overhearing. But is that the point? It does not detract from the fact that the conditions of confidentiality Inga is likely to have offered when she and Paloma contracted have not been upheld. How does this fit with the *Ethical Framework* Inga is bound to abide by? Specifically, Good Practice points 1, 12, 21, 30, 31c, 43, 52, 55. (See also Commitments 1, 3b, 6b, Principles of Being trustworthy, Non-maleficence and Self-respect, and all the Personal moral qualities).

What about Inga's colleague's responsibilities? Could they have moved out of the empty office when they realised that they could hear the session taking place next door? It could be assumed the colleague is bound by a practice-wide team confidentiality, but, especially if they are a counsellor, could they have taken their duty further and taken action to protect Paloma's confidentiality? Certainly, Good Practice point 11 talks of 'shared responsibility [...] for the safety and wellbeing of all clients' and to take action by moving would fit with the Personal moral qualities of the *Ethical Framework*, as well as Good Practice points 55 and 56.

However now they have heard the session, is it right for them to comment on it in this way? And what is their complicity if Inga continues to tell herself it is 'just one of those things' and does not take action to inform the client, supervisor or management?

Inga works within an NHS practice, and as such, she – and her colleague – are bound by the CQC's Regulation 20: Duty of candour. This states that 'any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.' The legal need to act is reserved for 'notable safety incidents' but does Inga – or her colleague – understand where this falls within that?

As such, in line with the legal and ethical duties of candour, it could reasonably be expected that Inga and/or her colleague inform the service manager (who is likely to have that information, or know where to obtain it) so that an official response (including an apology and opportunity to learn lessons) can commence (Good Practice points 44, 46, 52).

By keeping this incident to herself, Inga will have breached a number of aspects of the *Ethical Framework* and risked possible legal implications. As Good Practice, point 92 tells us, we can expect ethical dilemmas as part of our work, and, as Good Practice, point 94 warns, we should be ready to explain our ethical decision-making process and any decisions made to others. Where, we might wonder, would Inga fall in meeting this requirement if challenged?

## Questions

- What time do you put aside to prepare for a session? How might this reduce mistakes that could be made by 'getting straight down to it'?
- Have you ever overheard the content of another practitioner's session? If so, how did you feel when this happened? Did you consider taking action and if so, what action did you take? If you decided not to act, what stopped you?
- If you were Inga, what would you do next?

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## Vignette two – Pat

For the last six months, Pat has worked as a supervisor and counsellor in private practice. Previously she worked in an agency, but left following a difficult period. A new manager made changes to processes, especially around use of IT equipment, which Pat found hard to understand and was reluctant to use much.

Aimee, the manager, had seemed impatient with Pat's resistance to learn new skills. "Come out of your comfort zone!" she would exclaim. "We've all got to learn new things". Pat had a supportive colleague who helped her navigate the new systems, which helped, but ultimately, after discussing the matter in supervision and reflecting herself, Pat decided to leave the service and set up a small private practice.

Pat still feels annoyed by Aimee's implication she wouldn't learn how to use IT, and so has resolved to move outside her 'comfort zone' by writing and storing her counselling and supervision notes electronically. Pat lives alone, so has no concerns over the notes being accessed by anyone else. However, she is still careful to maintain client confidentiality by referring to her own clients and those of her supervisees by a code. As her supervisees usually bring several clients to supervision sessions, each supervisee is named in full so as to prevent any confusion between who is who.

After working hard to establish her practice, Pat feels exhausted. She is looking forward to an upcoming holiday in the Balearic Islands with her sister and enjoys spending time researching things to do there. Pleased with her growing IT skills, she has even started to construct a dream itinerary on her PC! Her sister is equally excited about their trip and has asked Pat to share the itinerary with her. Pat has just finished writing an email to her sister and is midway through attaching the file containing the itinerary when the phone rings. Answering it, Pat finds it is a regular client who has called to change the date of their next session. She makes the last few 'clicks' to the email and sends it off.

The next day, Pat gets a reply to her email. "Hey sis!" it reads "... think you sent the wrong attachment over. Hurry up and send the itinerary, I want to get planning!"

Pat double checks her 'sent' email. With a sinking heart she realises instead of attaching the file named 'Mallorca', she has sent the file named 'Mallory', which contains reflective notes on her sessions with Mallory, a supervisee who is a trainee counsellor. Pat opens the file to remind herself of the contents, and feels decidedly uncomfortable as she reads her detailed concerns that Mallory was not able to hold boundaries enough with clients and that clearly, there had been a lack of training in this important area. She had also, she saw, let off steam and used less than respectful language to describe her supervisee's practice.

Thank goodness I only sent it to my sister, she thinks, I can ask her to delete it – that was a close call!

### **Observations for practice**

This is a scenario where failure to act with candour could have wide-ranging legal and ethical consequences. Let us look first at the breach of both confidentiality and GDPR around Pat's practices and mistake.

Because Pat lives alone, she has 'no concern' over her notes being accessed by anyone else – yet that is what happened. Firstly, Pat's sister has confirmed she received and probably read the document. This indicates Pat has not encrypted the practice-related files on her computer. As a private practitioner holding personal information about a client or supervisee, Pat becomes a 'data controller' and is bound by the terms under GDPR (see GPiA 105 *The General Data Protection Regulation (GDPR)*). Therefore, this security measure for her documents can be seen as a 'minimum standard' in order to comply with GDPR requirements (see GPiA 067 *Practical aspects of record keeping within the counselling professions*. See also GPiA 071 *Ownership and storage of records in the context of the counselling professions*, GPiA 066 *What do we mean by records and record keeping within the counselling professions?*, GPiA 065 *Confidentiality and record keeping within the counselling professions*, GPiA 107 *Using digital technology in the counselling professions* and *Ethical Framework Commitment 1a*, Good Practice point 55a).

Pat has referred to her supervisee by name on the coversheet, which is part of the document, rather than anonymising or pseudoanonymising it. Therefore, even though the purpose of the document was for processing and reflection, it becomes part of the supervisee's therapeutic record (GPiA 014 *Managing confidentiality within the counselling professions*, GPiA 065 *Confidentiality and record keeping within the counselling professions*, GPiA 066 *What do we mean by records and record keeping within the counselling professions?*). This means as well as being bound to candour by the *Ethical Framework*, Pat is also legally bound by the GDPR regulations (GPiA 105 *The General Data Protection Regulation (GDPR)*). These state Pat must create a log of the breach within 72 hours, keeping a record of the action taken and evidence she has worked through the possible impact of the breach. Not all breaches need to be reported.

The ICO provide a useful self-assessment tool for this: <https://ico.org.uk/for-organisations/report-a-breach/personal-data-breach-assessment>

If it is deemed likely Mallory would be 'seriously impacted' by the breach, including emotional impact, Pat has a legal responsibility to notify both Mallory and the ICO (GPiA 014 *Managing confidentiality within the counselling professions*, GPiA 105 *The General Data Protection Regulation (GDPR)*). However, the criteria that require a breach to be reported to a data subject are slightly different to those for reporting to the regulator. You can find out more about your responsibilities for reporting breaches in GPiA 105 *The General Data Protection Regulation (GDPR)*.

Are the records Pat is keeping about her work with Mallory 'necessary and sufficient' (GPiA 105 *The General Data Protection Regulation (GDPR)*)? Is the processing in line with what Pat told Mallory when she first started collecting her data? If Pat's privacy notice didn't say she would use the information in this way, it is likely she is in contravention of GDPR and has broken her contract with Mallory regarding how her data are collected, processed and stored (*Ethical Framework* Commitment 2e, Principle of non-maleficence, Good Practice points 7, 12, 15, 31c, 43, 55b, 70, 71. See also GPiA 004 *Commonly asked questions about working in private practice within the counselling professions*, GPiA 014 *Managing confidentiality within the counselling professions*, GPiA 071 *Ownership and storage of records in the context of the counselling professions*, GPiA 066 *What do we mean by records and record keeping within the counselling professions?* GPiA 105 *The General Data Protection Regulation (GDPR)*).

Finally, apart from accidental sharing, a further risk to unprotected documents is that from hacking. Does Pat have sufficient security in place to prevent this, as required? (GPiA 066 *What do we mean by records and record keeping within the counselling professions?*, GPiA 105 *The General Data Protection Regulation (GDPR)*). And if the document was read and shared by someone, what of the content? Does Mallory know Pat is concerned about her boundaries? And has Pat shared her concerns about the gaps in the training programme with the provider? If not, we could wonder if Pat has an issue with candour in her supervisory practice as a whole.

As a supervisor, Pat has accepted a legal and ethical duty of care towards Mallory's clients, with an obligation to bring concerns to the attention of the training provider (GPiA 032 *Supervision within the counselling professions in England, Northern Ireland and Wales*) – has she done this? A primary duty of the supervisor is to enable explicit discussion when concerns about a supervisee's work are noted, as well as to model high standards of good practice (GPiA 010 *Monitoring the supervisory relationship from the supervisor's perspective, Ethical Framework, Values, to protect the safety of clients, and the integrity of practitioner/client relationships, Principle of being trustworthy, Personal moral qualities of candour, diligence, integrity, Good Practice point 63*).

Additionally, how might her wording fit with the *Ethical Framework, Good Practice, point 48* around avoiding actions that bring the profession into disrepute, and with the recommendation that records kept should avoid use of disrespectful language? (GPiA 066 *What do we mean by records and record keeping within the counselling professions?*)

We can wonder what part Pat's declining self-care played in this mistake (GPiA 073 *Accountability and candour within the counselling professions*). The decision to move out of a paid service job and into private practice has been discussed only in terms of what may be described as 'pull' factors (GPiA 089 *Retirement from the counselling professions*) and the draw of a different way of working, but what of the 'push' factors? Has Pat spent sufficient time processing the impact of the challenges she faced at her previous service? After all, she still feels 'annoyed' by her ex-manager's attitude. While we have a responsibility to keep our skills up to date (*Ethical Framework, Commitment 2b; Good Practice, point 14*), we also have a responsibility to work within our competence and monitor our wellbeing (*Ethical Framework Commitment 2a and d, Good Practice, points 13, 18, 91b*). It is possible the personal moral quality of humility has been lost along with identity and resilience, as we see Pat using a method of data storage not because it is the most suitable but because of the driver to 'keep her hand in' (GPiA 088 *Self-care for the counselling professions*). See also GPiA 094 *Fitness to practise in the counselling professions*.

We also see Pat failing to put her clients first (*Ethical Framework, Commitment 1a; Good Practice, point 7*) by trying to send an email while talking on the phone, thus giving neither task her full attention. Had she done so, might the mistake have been avoided?

How has Pat used her own supervision in her process up to this point? Is she perhaps less than candid there about her current wellbeing and processes? (*Ethical Framework*, Good Practice, points 60, 62, 72.)

We find Pat feeling relieved at her 'close call', asking her sister to delete the document, but is that the end to the matter? To not act candidly about the breach would leave Pat in violation of both the *Ethical Framework* (Commitment 6; Values; Principles; Personal moral qualities; Good Practice, points 12, 15, 43, 52, 63, 70) and also legal data protection requirements (GPiA 105 *The General Data Protection Regulation (GDPR)*).

So, what might Pat's process of candour look like?

Good Practice, point 52.

*"We will ensure candour by being open and honest about anything going wrong and promptly inform our clients of anything in our work that places clients at risk of harm, or has caused them harm, whether or not the client(s) affected are aware of what has occurred by:"*

- a. *Taking immediate action to prevent or limit any harm* – Pat can contact her sister immediately to confirm she has deleted the email, and request she delete her trash folder so the document cannot be retrieved. She can do the same with her own email records. She should start a written log of the incident and document the subsequent action taken.
- b. *Repairing any harm caused, so far as possible* – Pat can inform Mallory what has happened, offering additional supervisory support to begin repairing any damage to the relationship.
- c. *Offering an apology when this is appropriate* – Pat can apologise and be open, honest and accountable to Mallory for both the breach and any damage caused by the content of the document.
- d. *Notifying and discussing with our supervisor and/or manager what has occurred* – Pat can request additional supervision to reflect on the incident, its causes and its outcomes. She should also use the available ICO resources to ascertain any need to report the breach to them.
- e. *Investigating and take action to avoid whatever has gone wrong being repeated* – Using all the above steps to inform her process, Pat can begin a period of reflection on the circumstances surrounding the mistake, put steps in place for increased self-care and monitoring, and access guidance on how to bring her record keeping processes up to the required ethical and legal standard.

## Questions

- Do you have the right and legal basis to process the data collected? Does your method comply with GDPR requirements?
- Have you ever found yourself concerned about the practice of a supervisee, supervisor, colleague, service or course? Did you take action to address your concerns? What might have stopped you?
- Pat seems not to have paced herself with regular breaks while establishing her practice. Do you factor in sufficient 'down time' to keep yourself supported?
- What implications might there be for Mallory's clients?

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## Vignette three – Arjun

Arjun is a qualified counsellor, specialising in bereavement counselling for carers. The work means a lot to him – he had worked as a Post-Doctoral researcher in the Geology department at a local university for many years but stepped away to nurse his husband with a palliative illness seven years ago. After his husband's death, Arjun sought bereavement counselling himself, and found the process so helpful he decided to retrain as a counsellor to try and offer that support to others.

Arjun works a couple of days a week seeing bereaved carers through a service funded by a local carers' charity. The rest of the week he has a few private clients. He feels he has found his feet in private practice, putting robust processes in place to ensure clients have the information they need about him readily available. His website and information sheet include a copy of his written contract, details of the session fees and cancellation arrangements, bank details for payment, directions to his rented room, and his counselling qualifications and relevant CPD learning.

Arjun has just started working privately with Rosa, a confident woman in her 50s, grieving the death of her husband who had been a respected local councillor. She paid cash for her first session, but as they have decided to work together regularly for a while, Rosa is keen to avoid having to visit the bank before every appointment. "But it's OK" she tells Arjun at their second session, "I saw your bank details on your information leaflet, so I have transferred the money over to you already – Doctor!"

Arjun is puzzled by her comment, until he realises what she is referring to. The bank account where his private practice earnings go, is the same one he's had for decades and is in the name Dr A Dutta – a throwback to his time in academia. He realises how long it has been since anyone referred to him as Doctor, and he is suddenly aware that he has missed it, even if it feels like it refers to someone else!

Laughing inwardly, Arjun thanks Rosa for the payment and they get on with the session. Work continues well over the following months, with Rosa paying online before each session. When they decide to end, their final session is rewarding for them both, as they acknowledge the work that has taken place.

Arjun does not request feedback from his clients, but a few have left comments via his business listing on an internet search engine. Notified that a new comment has been left, he goes online to read it and is startled by what he sees: "I benefited greatly from my time working with Doctor Dutta" Rosa has written. "Understanding and patient man, very wise, I have had counselling before from seemingly underqualified people and it wasn't helpful. This goes to show why you should hold out for a qualified psychological doctor. It's the best way to guarantee it will help! Thank you again Doctor Dutta".

### **Observations for practice**

Here we see an example of how applying the personal moral quality of candour (see *Ethical Framework*, Personal Moral Qualities) to a potentially innocent comment might have prevented the situation which followed.

At the start of their work together, when Rosa refers to him as 'Doctor', Arjun could usefully have taken that opportunity to gently set her straight on the nature of his qualification, thus avoiding her misunderstanding throughout the rest of their work together.

Tackling this 'micro-harm' (BACP Accountability and candour video) might also have provided the opportunity for Arjun to explore with Rosa any significance behind the fact that she had noted his title. Arjun's surprise would indicate none of his other clients had addressed him in this way. This may have proved a rich line of enquiry for them both – Rosa is mourning her husband who had an active community profile, so it is possible that 'status' is significant to her, and her own changed status might feel difficult. It also fits with our responsibility to provide opportunity for clients to explore their experience of working with us (see *Ethical Framework*, Commitment 4e; Personal moral qualities of Candour and Care; Good Practice, points 32, 91b and d).

As Arjun did not use candour to correct Rosa, he now finds himself in a difficult position. He could tell himself 'no-one else got it wrong' and 'it doesn't change the quality of what I offer, I don't specifically advertise myself as a psychological doctor' and this would be true, but is it that simple?

To take no action would leave Rosa with a false impression of their work together. By leaving her review on his business listing, he also runs the risk others will see it and be similarly misled. And vitally, he would be violating his commitment to abide by the *Ethical Framework* in the following ways; he would not be honouring the trust placed in him by the client (see Ethics 3, Principles of being trustworthy and non-maleficence; Good Practice, points 12, 43), he would not have obtained true informed consent (see Good Practice, points 26, 30, 35. See also GPiA 110 *Boundaries within the counselling professions*), he would not be practising with candour (see Commitments 6b; Personal moral quality of Candour; Good Practice, points 52b and e. See also GPiA 111 *Clinical Reflections for Practice: Boundary issues within the counselling professions*) or integrity (Principle of self-respect, Personal moral qualities of courage and integrity).

He must also consider, however, the impact on Rosa if he does get in touch to correct her. He will have to hold tight to the Principles of Non-maleficence and being trustworthy and approach the matter with a great deal of care. They have ended their work, but now he is potentially undoing one of the cornerstones of her experience of their relationship, so he must be prepared to offer continued support if required. He could usefully consult the BACP resources on Ethical decision making (<https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/>), boundary issues (GPiA 110 and GPiA 111 *Boundaries within the counselling professions*), and unplanned endings (GPiA 072 *Unplanned endings within the counselling professions*). We would also hope he would reflect diligently on the matter in supervision.

It is worth us reflecting on why Arjun may have found himself in this situation. Would it have been advisable for him to have opened a separate bank account for his private practice earnings? It certainly may have helped him keep boundaries between his personal and professional lives (*Ethical Framework*, Good Practice, point 33, see also GPiA 110 *Boundaries within the counselling professions*). While Arjun did not deliberately misrepresent his qualifications to potential clients on his website etc. (see *Ethical Framework*, Commitment 5b; Good Practice, point 45), by using the title in his bank details he does open things up to misinterpretation. Referring to himself in this way could also be seen as a form of self-disclosure, as the title is not necessary for his practice, and Arjun will probably never know how many other clients may have been affected by this disclosure. (GPiA 110 *Boundaries within the counselling professions*).

Could his decision to retain the title be linked in some way to his reaction when Rosa first mentions it? Instead of attending to Rosa, Arjun gets lost, if only momentarily, in his own frame of reference as he mulls over how it feels to be addressed in that way again. As we consider this in terms of self-care, has Arjun really reflected on what it means to him to lose that academic identity? We know he came to counselling following his time caring for his husband, and now specialises in supporting other bereaved carers.

Given the idea that our work can sometimes fulfil an 'unmet practitioner need' (see GPiA 088 *Self-care for the counselling professions*), with Arjun working so closely alongside his own lived experience and having trained so soon after his husband's death, has he ensured sufficient distance and space to fully process the significant changes in identity he has gone through? What other personal relationships fulfil him now he is a widower, and what is his work/life balance like? (*Ethical Framework*, Principle of self-respect; Personal moral qualities of Integrity and Sincerity; Good Practice, points 91b and d).

By acting with courage, candour and accountability, Arjun can not only aim to repair the situation with Rosa but can avoid a similar mistake occurring with future clients (*Ethical Framework*, Good Practice, points 52b and e).

### Questions

- If you were in Arjun's position, how might you address this issue with Rosa? What would you need to consider?
- Has insufficient distance between your personal and professional selves ever resulted in a 'mistake'? If so, what role did candour play in how you addressed it?
- What might have been the role of supervision in dealing with (or preventing) this issue?

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## Vignette four – Jeff

Jeff works as a co-ordinator in a busy mental health charity counselling service. The service is an organisational member of BACP. He has completed a level 3 counselling skills course, which has helped with his work, as much of his job is liaising with clients and counsellors, taking referrals, carrying out assessments and arranging appointments. Funding has been cut again this year, and one of Jeff's colleagues who supports him in the office is on long-term sick leave due to stress.

The volume of calls and emails to the service is hard to keep up with, and Jeff frequently feels overwhelmed.

"I envy the counsellors" he sometimes thinks to himself, "at least they only have to talk to a few people a day, I have to talk to half the town!". There is an official notes system put in place by the service, but the volume of calls Jeff handles means he often jots things down on scraps of paper or sticky notes while he works, transferring them to the official system later on when he has time.

His manager has noticed this, and asked him to stop, but Jeff hasn't yet managed to stop this way of managing information he receives during phone calls. "She just doesn't get how busy I am!" he thinks.

Later that week, a regular client turns up for an appointment. Jeff lets them into the waiting area, and hurries back to his desk in the office. Ten minutes later, another counsellor comes in.

"Who is that person in reception here to see?" they ask.

"I don't remember" Jeff replies, still typing "Polly maybe?".

"But Polly is off sick this week" the counsellor replies "Didn't she phone in yesterday?"

Finally taking his eyes off his computer, Jeff stares at the counsellor in alarm as his memory begins to tick over. Polly calling does ring a bell, he thinks. He realises with horror not only did she call to say she was ill, she asked him to contact all her clients and let them know sessions this week were cancelled. He rifles through the paper on his desk, and there it is – a scribbled sticky note "Pol off, no sess."

Jeff panics. "My manager is going to kill me!" he thinks.

He rushes to the waiting area. "So sorry, Polly isn't here!" The client, already stressed, now begins to get angry. "Why wasn't I told before I trekked all the way over here?" they demand. "I guess it was an oversight, apologies" Jeff replies. "This is ridiculous" the client mutters before storming out.

Relieved the angry client has left, Jeff returns to his desk. "I'll get rid of my scrap notes tomorrow" he resolves, "and sort a proper system when I have more time". Thinking about the client who had just left, Jeff reassures himself; "Polly is a great counsellor, I'm sure she'll smooth things over".

## Observations for practice

Here we see the potential impact of a lack of candour in an organisational context. Although Jeff is not a qualified counsellor, he does make use of the counselling skills training he has received so far. But as an organisational member of BACP, his service, and therefore Jeff too, is bound by the *Ethical Framework* in the same way as an individual member (see [www.bacp.co.uk/membership/organisational-membership](http://www.bacp.co.uk/membership/organisational-membership)).

Let us look first at Jeff's attitude towards the client who arrived for their session. His lack of accountability begins from the moment he ushers the client into the waiting room, then promptly forgets about them. Did he make this client his 'primary concern' by checking with them why they were there – and listening to their reply? (*Ethical Framework*, Commitment 1a; Good Practice, point 7). No, he seems to hurry straight back to work. Even when his colleague begins asking him about the client, Jeff carries on typing, pausing only when the severity of the situation dawns on him. When the mistake is revealed, however, rather than his first thought being the wellbeing of the client (Principles of beneficence and non-maleficence; Good practice, point 11), he worries instead about his manager's potentially angry reaction towards him.

Good Practice, points 50-54 relay in detail the expected standards of behaviour regarding accountability and candour (see also Commitment 6). And yet Jeff, rather than admitting his mistake to the client and his colleagues, is vague about what has happened (Principles of being trustworthy and self-respect; Personal moral qualities of Candour, Courage and Integrity; Good Practice, point 43). He does not apologise, even when the client is clearly distressed (*Ethical Framework*, Commitments 3d, 4e; Values; Personal moral quality of Care; Good Practice, points 12, 50, 52b). At no point does Jeff explain to the client what will happen next, either about the mistake and distress caused, or about another appointment or contact from the client's 'regular' counsellor, Polly.

By failing to communicate clearly with the client, Jeff has not only breached the *Ethical Framework* around candour (see Good Practice, points 50-54), he has also neglected the Principle of Justice (did this client get a fair service?), the Personal moral qualities of diligence, empathy, fairness and respect, and Good Practice, points 44 and 50 around accountability for service standards and communicating openly. The *Ethical Framework's* requirement for Jeff to treat colleagues fairly (Good Practice, point 57) and with respect (Good Practice, point 56) have also been breached in the way Jeff just leaves his mess for Polly to 'smooth over'. A final risk might be to Good Practice, point 48 – avoiding actions which bring the profession into disrepute. What kind of reputation might the service (and counselling as a helping activity) begin gathering if the distressed client shares their experience with others in person or online?

So how might Jeff have approached the situation with candour? As well as referring to the Good Practice, points 50-54, he might have reflected on the Personal Moral Qualities as a guide:

**Candour** – I should aspire to acknowledge the mistake, and the impact, to the client, my manager, supervisor and my colleague Polly

**Care** – I can see they are/will be distressed, as am I with this outcome, and I must respond to that appropriately

**Courage** – I am aware I will be in trouble with my manager, and the client may be angry with me, but I must acknowledge it anyway

**Diligence** – What steps do I need to take to manage, minimise and contain this incident and the impact on the client?

**Empathy** – I can understand the client's frustration, and that they may feel disappointed they can't talk to Polly as expected

**Fairness** – I must take this next action with the client's needs in mind, not my own

**Humility** – Perhaps I could have worked differently and prevented this happening

**Identity** – I hate that they will all see I've been struggling!

**Resilience** – I'd better get some support to help process how this happened – and what might happen next!

**Respect** – Does my manager have the full picture of how my workload is affecting me?

**Sincerity** – I want to be useful, and I'd like that to continue but in a different way

**Wisdom** – I am going to need to change my approach to things, checking how my work/life balance is affecting me.

Let's briefly consider the context of Jeff's mistake, and any impact this may have had on his inability to act with candour. Firstly, it is striking that Jeff lost track of the message because of his workload and disorganisation. Excessive workloads can impede our commitment to putting the clients first (GPiA 109 *Workload in the context of the counselling professions*). Jeff's response to his manager's request he organise himself differently is reminiscent of the 'Woodcutter's Tale' in GPiA 088 *Self-care for the counselling professions* – 'Doesn't she know I'm too busy to stop and get organised?' he seems to be asking. He also seems caught in that familiar loop we can all too easily recognise, which might indicate he is not prioritising his self-care. Certainly, he seems to be displaying the job dissatisfaction referenced as a symptom of neglecting self-care in GPiA 088 *Self-care for the counselling professions*. Is he doing enough to monitor his own physical and psychological wellbeing? (*Ethical Framework*, Commitment 2b; Principle of self-respect; Good Practice, points 18, 91b). And what is his work/life balance like; how might his work stresses be impacting at home and vice versa? (GPiA 094 *Fitness to practise in the counselling professions*). Jeff might like to refer to the 'Questions for reflection' in section 10 of GPiA 088 *Self-care for the counselling professions* to begin analysing his current feelings about work.

It might certainly feel harder to act with candour and courage when wider support and morale are low, or there are struggles with feelings of incompetence.

The *Ethical Framework* requires us to seek appropriate support (Good Practice, point 91c) in times of struggle. Has Jeff got access to such sources?

For a start, given the nature of his role, it would be recommended that Jeff be offered supervision (*Ethical Framework*, Good Practice, points 53, 73). Might he have been more able to act with candour if he were sure of a safe supportive space in which to process the event afterwards? And given the role of supervision in ensuring a safe, ethical and competent service to clients (GPiA 54 *Introduction to supervision in the counselling professions (members)*), it could also be assumed it might have played a preventative role in the first place.

What of Jeff's colleagues? We are required to work collaboratively with our peers to ensure a good quality and safe service is provided to clients (*Ethical Framework*, Commitments 1b, 2c; Values; Good Practice, points 3, 16, 17, 44, 50). But we see Jeff is overworked and under-supported in the office. How might he have acted differently if there were scope for reflective sessions or supportive discussions with his colleagues about the current way the service is working?

This brings us to the responsibility of the service in supporting Jeff, his colleagues and the clients. It is vital at both an individual and organisational level that we place self-care high on the list of priorities (GPiA 088 *Self-care for the counselling professions*), so has Jeff's organisation offered opportunities for that to happen here? It can be hard in a busy organisation, yet the impact of neglecting this can, as seen here, be significant (GPiA 073 *Accountability and candour within the counselling professions*).

Has Jeff been offered supervision (the importance of which has been discussed above)? Has the management addressed the lack of personnel in the office? And has he had sufficient training (GPiA 109 *Workload in the context of the counselling professions*) to engage in difficult conversations, such as the one required of him with this distressed client? We can imagine he might have been more able to receive the client's anger and be accountable had he been adequately trained and felt there was support for him from his manager after the fact.

Finally, we turn to the other factor which led to this mistake, Jeff's way of working in the office. We are told that a notes system has been implemented by the service, and Jeff's manager has asked him to stop making notes on scraps of paper.

Could the manager have done more to follow this up, or to ensure Jeff is fully aware of the potential impact of failing to work in a more organised way?

By writing down telephone messages from clients, which may include their names, contact details and even details about the current state of their mental health, Jeff's 'notes' are considered part of the therapeutic record for that client, and their confidentiality must be protected accordingly (GPiA 014 *Managing confidentiality within the counselling professions*, GPiA 065 *Confidentiality and record keeping within the counselling professions*, GPiA 066 *What do we mean by records and record keeping within the counselling professions?*, GPiA 067 *Practical aspects of record keeping within the counselling professions*, GPiA 105 *The General Data Protection Regulation (GDPR)*).

As these bits of paper contain identifiable information about individuals, they may need to be processed in accordance with GDPR regulations. Here again, the service management have a responsibility to ensure Jeff is supported in this. Might he have felt more able to be accountable for the current impact of his poor working practices if he knew there was training and support on offer to help him going forward? Or, again, might such training and support on GDPR have worked as a preventative tool?

### Questions

- Aside from missed messages, what other implications for clients might there be from Jeff's haphazard record keeping process?
- Who is responsible for what happened with this client? Polly, for not calling the client herself? Jeff, for his working practices? Or the service management, for failing to offer Jeff sufficient support and training?
- If you found yourself in this situation, what do you think would be your biggest barrier to acting with candour?
- If you were in Jeff's shoes, how would you approach the client?

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## 3 Summary

The vignettes described and discussed show how the ability and natural tendency to act with candour are interlinked with many other aspects of our work as counselling professionals.

We are human, and mistakes may happen at any stage of our career, but learning from a mistake relies on us recognising and acting on it with honesty, humility and self-compassion, which may prove easier as our professional experience grows (GPiA 073 *Accountability and candour within the counselling professions*). Self-care, length of professional experience, understanding our legal obligations, monitoring our workload, making use of supervision, regular CPD and training are just some of the factors which will help prevent mistakes from occurring, and help support us in addressing and learning from them if they do.

In all four vignettes we would expect the practitioner to take the incident to a supervisor at the earliest opportunity (GPiA 088 *Self-care for the counselling professions*, GPiA 073 *Accountability and candour within the counselling professions*; Good Practice, points 52d, 53, 72).

Three scenarios show missed opportunities for the practitioners to have used the normative, formative and restorative functions of supervision (GPiA 054 *Introduction to supervision in the counselling professions (members)*) to have prevented the situations which arose, had they explored more the moments and challenges which led them there. They might also have used supervision to explore any internal resistance to candour on a smaller scale, thus laying the groundwork for self-awareness around this quality when needed most.

We are encouraged to use decision-making processes and be able to explain, if asked, the reasons behind any decisions we make, and actions or inactions that result. Each practitioner you have read about could have used the ethical decision-making tools provided by BACP to assist them in this process. (*Ethical Framework*, Good Practice, point 94 plus <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/>).

Candour is one of the personal moral qualities required to work in the counselling professions, but it is simply the start of a wide range of qualities and considerations if we are to work to professional standards and provide an appropriate standard of service to our clients. As such, we must remain mindful, as ever, that we cannot operate candidly within a vacuum, and must continue attending to our whole self, professionally and personally, in service of our clients.

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## About the author

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## Further reading

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