



## Ethical Guidelines and Professional Standards for Group Psychotherapy<sup>1</sup>

Group psychotherapy emerged as both a science and an art early in the 20<sup>th</sup> century. Its theory and practice reflected the core ideas of the western Enlightenment: that human beings from an ethical standpoint would be treated as equals and worthy of respect as they endeavoured to change their lives by listening and learning from the lives of others. Participation in group psychotherapy would be an act of personal liberation based on the development of trust and cooperation among its members.

These Guidelines are intended to guide **group psychotherapists** in a high level of ethical practice and support professional conduct. A **group psychotherapist** is here defined as a professional who, based on a special education in relevant theory and clinical skills, practices psychotherapy in groups. It addresses the conduct of members of the International Association for Group Psychotherapy and Group Processes, hereafter known as the IAGP, or members of an organization affiliated with the IAGP. It expresses the values that underlie good therapy practice and define malpractice and adopted by the IAGP membership. Its values are derived from sources illustrated in Appendix 1 of this text. Cognizant of other professional codes of ethics in the field and various national guidelines, it yet aspires to be international in scope. It is intended to enhance professional conscience and judgement and guide professional practice.

### GENERAL GUIDELINES

Complaints concerning the ethical behaviour of IAGP members will be initially directed to the relevant primary professional organization of the member in those countries where the member practices and only subsequently considered within the IAGP.

Within the IAGP, ethical complaints and ethical issues in general shall first be considered by the Committee for Ethics and Professional Standards which recommends statements and other actions for the Executive Committee to decide upon. The Committee for Ethics and Professional Standards shall consist of:

- 1) Chairperson, appointed by the President, and approved by the Executive Committee and members of the Board of Directors, and
- 2) Committee members, selected by the Chairperson and possessing thorough clinical expertise in group psychotherapy of various kinds and also expertise in reflecting on ethical issues as related to the treatment of patients.

The action of the member's primary professional organization can inform the Committee on Ethics and Professional Standards, but its determination should not prevent the IAGP from taking independent action.

The IAGP Executive Committee, being advised of a complaint by the Committee for Ethics and Professional Standards, can decide upon a statement in a case of an ethical complaint and in such a statement, if the complaint is found to be justified, issue a **reminder**, the lesser form of reproach, or a **warning**, the more severe form of reproach or thirdly **expel a member from the IAGP membership** due to great professional misconduct. Regulations for the election and work of the IAGP Committee for Ethics and Professional Standards are drafted by the IAGP Governance and By-Laws Committee and decided upon by the IAGP membership.

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<sup>1</sup> Represents the work of the Committee for Ethics and Professional Standards, G. Ahlin, chair, 2006 and B. Roller, chair, 2008.

## GENERAL PRINCIPLES

- 1.0 Group psychotherapists are in a position of privilege and trust. This must be respected and carries with it certain responsibilities.
- 1.1 Group psychotherapists are expected to cherish truth, human welfare, democracy, human rights and social freedoms as they are expressed in the United Nations' Declaration of Human Rights.
- 1.2 In concordance with Article I of the United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment and Punishment, the IAGP condemns the participation of group therapists in the planning, execution, or passively witnessing torture, or participating in any procedure in which torture is threatened. Torture is defined as any act by which severe pain or suffering, whether physical or mental, including extreme sensory deprivation, isolation, prolonged disorientation, and simulated drowning, is intentionally inflicted on a person for such purposes as obtaining from him or her, or from a third person, information or a confession, or for the purposes of punishing, intimidating, or coercing an individual or individuals for any reason whatsoever. Furthermore, group therapists must never use privileged communication as an instrument of torture nor use their professional skills to aid and abet actions that are clearly detrimental to the patient's well being. Group therapists must never reveal information obtained from a person for any purpose other than to help that person. Group therapists must keep in mind that their role, when participating in any interrogation process, whether directly or indirectly, must be primarily to help the person being interrogated not merely to assist the interrogators.
- 1.3 Furthermore, group therapists must not knowingly engage in, tolerate, direct, support, advise, offer training in, or provide any research instruments or knowledge that facilitates torture. There are no exceptional circumstances whatsoever, whether induced by a state of war or threat of war, internal political instability or any other public emergency, that may be invoked as a justification for torture, including the invocation of laws, regulations, or orders.
- 1.4 Group psychotherapists must not conduct nor participate in group therapy sessions which force patients into humiliating or degrading conditions which impugn the integrity of the individual. Specifically, group therapists must not conduct group therapy in prisons where the patients in group therapy treatment are confined in cages or plexiglass boxes during the group therapy sessions. These measures cannot be justified as means to provide safety for patients and therapists. Patients who are unpredictably volatile and deemed at risk to violate each other or their group psychotherapists are not appropriate for group psychotherapy and ought to be provided other treatment options. An appropriate space for group psychotherapy in a prison context would be a prison chapel where inmates could speak openly while sitting in chairs, the same as their group psychotherapists.
- 1.5 Group psychotherapists are thus expected to value equality and tolerance between people, to esteem searching for truth and striving for friendly, enabling solutions to conflicts within and between individuals, groups and societies. They are consequently expected to apply these values in their practice as best they can.
- 1.6 Group psychotherapists have an obligation to attempt to meet the special requirements of patients with disabilities, including but not limited to those patients with paraplegia requiring wheel chair access, hearing impairment, and blindness. Inclusion of these and other disabled patients, using resources to promote equal accessibility for all, is essential to the integrity of the profession and the principle of equal opportunity for treatment.
- 1.7 Group psychotherapists are not allowed to impose on patients their personal, political, ethnic, religious or other opinions or convictions, except those values inherent to the practice of group psychotherapy and mentioned in these guidelines.

- 1.8 Accordingly they must not discriminate against or exploit their patients on grounds of age, gender, race, cultural background, sexual orientation, creed, political affiliation or religion and should respect their autonomy and integrity. Should such issues be likely to affect the therapeutic relationship adversely as a result of the therapist's own convictions or biases, the therapist should be willing to refer the person to another psychotherapist.

### **FRAMES OF TREATMENT**

- 2.0 Group psychotherapists should be open and honest with their patients about the aims and methods of treatment
- 2.1 The group psychotherapist shall recommend group treatment only for patients for whom it is indicated, making sure that the group is appropriate to the individual's treatment plan and that other essential psychiatric and psychological services are also provided.
- 2.2 The group psychotherapist shall encourage the patient's continued participation in group psychotherapy only so long as it is appropriate to the patient's needs.
- 2.3 The group psychotherapist shall provide the potential group patient with information about the general proceedings of group psychotherapy and apprise him or her of the risks, rights and obligations as a member of a therapy group. Whether done verbally or in a more formal, written manner, the therapist shall obtain the patient's informed consent before undertaking psychotherapy.
- 2.4 Fees may be charged for sessions missed by a patient whenever this policy has been prearranged.
- 2.5 If during assessment or the course of the therapeutic work, the group psychotherapist suspects that an organic process is affecting the patient, the therapist has an obligation to advise the patient to consult an appropriate medical practitioner. This is true whether or not the psychotherapist is medically trained and/or qualified.
- 2.6 Group psychotherapists shall ensure that their patients have access to relevant care for their mental health needs whenever the psychotherapist is unavailable, that is, away on vacation or otherwise indisposed.
- 2.7 Group psychotherapists shall ensure that their own physical and mental health allows them to undertake their professional responsibilities competently. They shall seek appropriate assistance or professional treatment should they suffer ill health or compromised mental health that interferes with their professional duties.
- 2.8 It is highly advisable that the group psychotherapist has concrete plans for how their patients will be cared for in case the therapist unexpectedly is forced to cease the therapeutic work because of ill health, death or other compelling personal reasons.

### **CONFIDENTIALITY**

- 3.0 Group psychotherapists have an obligation to hold information about patients in confidence. In doing so, the group leader creates a sense of safety in the group, which is a necessary condition which allows patients to reveal intimate material. Protecting confidentiality is vital in order to encourage self-disclosure. It also reassures future patients that their secrets will be guarded.
- 3.1 Group psychotherapists must understand that patients have a right to confidentiality and that all information associated with the psychotherapist-patient relationship should be safeguarded. The therapist must instruct patients on the importance of safeguarding the privacy of fellow group members.

- 3.2 Confidentiality cannot always be absolute and a careful balance should be struck between preserving confidentiality, as a fundamental aspect of therapy and the need to breach it on rare occasions in order to protect the patient's vital interests and to provide responsible clinical care whenever the patient is at risk of harming self or others. If suicide or homicide are at issue, group psychotherapists can request a release of information from the patient in order to speak with friends and family. If permission is denied, group psychotherapists must use their judgement in contacting family and friends but are legally mandated by most professional organizations to report to legal authorities and officers of the peace in order to prevent harm.
- 3.3 While upholding the principles of confidentiality, group psychotherapists should do so with full cognizance of the law. Disclosure is mandatory whenever there is a legal compulsion to do so; psychotherapists, as well as their records, may be compelled to be witnesses in courts of law. Whenever there exists a contradiction between the law and the psychotherapist's view of his or her ethical responsibility to the patient, the therapist ought to seek consultation from the organization, which represents the therapist's primary discipline.
- 3.4 Patients should be informed carefully of the limits of confidentiality. It is reasonable that clinical information, including case notes, may be shared with colleagues and other health care professionals, given the patient's permission, in order to provide state of the art treatment and continuity of care. Examples would be the exchange of clinical information between members of a multi-disciplinary team, or when a second opinion is desired.
- 3.5 Contact with third parties (e.g. relatives, friends and medical advisers of the patient) should occur only with the expressed knowledge and consent of the patient. Exceptions may have to be made in certain circumstances such as in the psychotherapy of young children or whenever, for some unexpected reason, including injury or death, the patient is unable to give informed consent.
- 3.6 Information about the patient obtained from other sources (for example family, friends or medical practitioner) is subject to the same rules of confidentiality.
- 3.7 Confidentiality must be maintained even after the patient has left the group. In psychotherapy groups, mention of former patients may become necessary to the group process from time to time. Mention of those patients should be done in a way that does not reveal identifying information about them.
- 3.8 Should one group member violate the confidentiality of another, or others, in the group, the therapist must intervene and take whatever steps are necessary to restore a sense of safety in the group. Since the circumstances of each case differ, no specific steps can be prescribed herein.
- 3.9 Group psychotherapists may be released from their duty to maintain confidentiality if they are aware of and are unable to influence the patient's intention to do serious harm to an identified person or group of persons. In these circumstances psychotherapists may have an overriding duty to the public interest to inform either the intended victim(s), the relevant authorities, or both, concerning the threat.

### **THE TREATMENT RELATIONSHIPS**

- 4.0 Group psychotherapists shall conduct treatment first and foremost for the benefit of the patients. Except for receiving usual and customary remuneration for their services, the treatment should never be used by the therapist in a deliberately self-serving way. In this regard, psychotherapists shall not exploit their patients sexually or financially, nor should they use information gained during the course of treatment for their own benefit.

- 4.1 Personal and romantic relationships between psychotherapists and patients are antithetical to treatment and unacceptable under any circumstances. Any sexual or physically provocative activity with the patient constitutes a violation of professional trust.
- 4.2 Even after the passage of a considerable amount of time following the termination of therapy, the influence of unresolved transference and countertransference may remain substantial. Mutual termination of a therapeutic relationship does not ensure the resumption of an equal relationship, particularly within a short period of time. Following long-term psychotherapy, this may never be possible. Patients lose more than they gain, if the patient – psychotherapist container is broken and replaced by attempts at friendship. There can be no absolute rules regarding the development of a sexual or romantic relationship with a former patient. Any psychotherapist contemplating such a relationship is required to consult a member of the appropriate constituted body of colleagues, and/or other appropriate resources, bearing in mind that at all times the psychotherapist may be called upon to defend his or her conduct, if the patient should file charges of misconduct with the psychotherapist’s professional association.
- 4.3 During ongoing group psychotherapy any other form of relationship with the patient should be avoided and professional contact outside therapy should be kept to a minimum unless it is consistent with the treatment program for the patient and the group.
- 4.4 Group psychotherapists shall neither pay nor receive a commission for referral of patients.
- 4.5 Financial dealings with patients shall always be restricted to matters concerning professional fees. Loans of money shall never be given to or received from patients.

#### **RESEARCH ISSUES**

- 5.0 Group psychotherapists must keep themselves informed about and supportive of scientific research in their field.
- 5.1 Before initiating or participating in a research project of group psychotherapy or related fields of study, the group psychotherapist has to make certain, that the project will not cause any considerable risks of seriously harming persons studied in the project. It is strongly advised that any research project must undergo proper review by the appropriate institutional review board, either national or regional. If none exists, it is imperative to plan research with “do no harm” guidelines which any review board would mandate.
- 5.2 Any patients, patients’ relatives, informants or other persons studied in the research must have full and clarifying, written and verbal, information about the project, its aims and methods, including possible risks of participating, before giving their full, voluntary approval to participate. This approval shall be written and formalized.
- 5.3 Any patient or other persons studied in the research shall be assigned the right at any time to withdraw their approval and leave the research project, when and if they wish to.
- 5.4 If recorded material, created by audio-, video- or other electronic recording techniques are used in the research, data that can identify one recorded person can be barred from further use in the research at any time in the process by the research subject who wishes to do so. However, once the video data is edited and released for research study or teaching purposes, permission to use cannot be unreasonably rescinded.
- 5.5 When group psychotherapists use case material in research and/or in professional discussions with colleagues for scientific, educational or consultative purposes, including publication or case presentation, they must exercise every precaution to ensure that the material is disguised in an appropriate way so that

the individual patient is not identifiable. This applies even when the therapist has been given specific informed consent to disclose information. Group psychotherapists shall refrain from publishing material, if it could be detrimental to the patient's well-being, even though the patient has given permission to publish.

- 5.6 The group psychotherapist has a responsibility to contribute to the on-going development of knowledge in the field of group psychotherapy, whether involved as an investigator, participant, or user of research findings.

## **EDUCATION ISSUES**

- 6.0 Group psychotherapists who are members of the IAGP should have either completed formal education in group psychotherapy or be presently receiving supervision in an ongoing educational program by an established training organization which meets the following requirements.
- 6.1 Education in group psychotherapy that consists of three main parts: theory of group therapy and group process, personal therapy, and the supervised practice of group psychotherapy.
- 6.2 The education and training should be based on both scientific developments in the field and sound, mature clinical experience. The teaching and supervision should be conducted by pedagogically competent and seasoned group psychotherapists.
- 6.3 The training meets relevant national or international standards regarding over-all theoretical frames, curriculum demands, and clinical competence, and satisfies the legal requirements for licensing clinicians who can practice group psychotherapy.
- 6.4 The training institute or organization should offer a comprehensive curriculum, be competently led, and meet the conditions for an open and emotionally supportive environment while maintaining an intellectually stimulating culture. Graduates of the training should be able to meet high professional requirements, including those stated in the IAGP guidelines, and be on a par with university levels of education.
- 6.5 Personal psychotherapy, as a component part of a proper education in group psychotherapy, should be conducted at a high level of competence.
- 6.6 In the text above, points 2.1 and 2.2 regarding when to recommend group psychotherapy and for how long, and points 3.1 and 3.8 about confidentiality, and point 4.3 about relationships outside the therapy proper, in principle still apply, although minor amendments may have to be made in the context of training. Group psychotherapy in this context has both the goal of professional training and the goal of personal growth.
- 6.7 A responsible educational organization for group psychotherapists must select training candidates judiciously, excluding those who might overburden patients with psychopathology of their own. There can be no precise description of an ideal candidate for training in group psychotherapy since the field of practice varies so tremendously between places and circumstances for treatment, but discretion ought to be exercised in the selection process.
- 6.8 Group psychotherapists who conduct supervision, within or outside a formal training program, are ultimately responsible for the professional boundaries of the supervisory relationship. Supervisors shall not exploit supervisees sexually, financially or otherwise. Neither shall teachers exploit students of group psychotherapy.

- 6.9 The principles of confidentiality should cover all aspects of the supervisory relationship. The supervisor's direct contact with the patients should occur, if at all, only with the knowledge and consent of both the supervisee and the patients.
- 6.10 The supervisor has a responsibility to inform the supervisee of any serious reservations that he or she has regarding the supervisee's ability to practice group psychotherapy and what steps may be recommended because of these reservations. The institute in charge of education should have procedures for addressing such issues. If the reservations emerge in supervision outside a formal training program, the issue may involve outside consultation with the relevant local professional organization.
- 6.11 The group psychotherapist must be aware of his or her own competencies, and when the needs of the patient are beyond the competencies of the psychotherapist, consultation must be sought from other qualified professionals or the appropriate referral made to the clinician who has the required competencies. Group psychotherapists must be aware of their personal as well as their professional limitations as they treat their patients.
- 6.12 The group psychotherapist shall protect the patient and the public from misinformation and misrepresentation. She or he shall not use false or misleading advertising regarding her or his qualifications or skills as a group psychotherapist.

#### **CONTINUING EDUCATION**

- 7.0 Group psychotherapists have an obligation to continue developing and maintaining their professional knowledge.
- 7.1 Continuing education is fundamental to the practice of each and every mode of psychotherapy. It is essential that psychotherapists promote and share opportunities for expanding knowledge, experience and ideas, for the purpose of professional development and the maintenance of standards of practice.

#### **RELATIONSHIPS WITH COLLEAGUES**

- 8.0 Group psychotherapists have an obligation to give due respect to their relationships with colleagues and give attention to the maintenance of ethical standards in the professional community.
- 8.1 Group psychotherapists shall ensure that any announcement or advertisement directed towards potential patients or colleagues is demonstrably true in all respects, does not contain any testimonial or endorsement of clinical skills for which one is not specifically trained, and is not likely to bring the profession into disrepute.
- 8.2 If a group psychotherapist becomes aware that a patient for whom he or she is considering psychotherapy is in treatment with another group psychotherapist, he or she should advise the patient to inform the other therapist of the consultation and of any intention to transfer to a new psychotherapist. Psychotherapists have an obligation not to behave in a way that impairs the work of their colleagues. Nevertheless, psychotherapists need to respect the patient's right to seek a second opinion.
- 8.3 If a group psychotherapist undertakes the treatment of a patient who is also in treatment with another mental health practitioner, presumably using a different but complementary modality, the group psychotherapist has an obligation to ensure that these separate treatments are coordinated and function in a rational way that benefits the patient. Without a cooperative relationship between practitioners, concomitant treatments can create divisions at the expense of good patient care.
- 8.4 Group psychotherapists should refrain from making comments lacking in substance or evidence that may damage the reputation of a colleague.

- 8.5 Group psychotherapists should discuss within the appropriate, local or regional group of colleagues any substantiated knowledge of unethical or unprofessional conduct by a colleague.
- 8.6 Where a patient alleges sexual or other misconduct by another therapist, it is the psychotherapist's duty to ensure that the patient is fully informed of the appropriate steps which have to be taken in order to have the complaint investigated.
- 8.7 Group psychotherapists who become aware of a colleague's ill health, which may be compromising the care of his or her group, have a duty to those patients and their colleague to see that the situation is appropriately managed. The group psychotherapist should seek consultation with the appropriate group of colleagues within their professional organization about how to proceed. If such a group is lacking, they may contact the Committee for Ethics and Professional Standards of IAGP.
- 8.8 Group psychotherapists have an obligation to give due attention and support to their primary discipline and to their professional psychotherapy organization.
- 8.9 Group psychotherapists should, when and if needed, use their knowledge of group dynamics and its constituent forces to help the organizations they are members of function better and in accordance with their aims.
- 8.10 Any conflict, which arises within or between professional organizations of psychotherapists and group psychotherapists, should be contained and either resolved or taken for consultation.
- 8.11 The group psychotherapist shall accept the obligation to inform other group psychotherapists concerning the behaviour of clinicians who are violating ethical principles and bring those violations to the attention of appropriate professional authorities, first to their regional or national professional associations and then to the Committee for Ethics and Professional Standards of IAGP.
- 8.12 Group psychotherapists who practice co-therapy have an obligation to their patients to meet the standards in the field, including the co-therapists' balance of clinical skills, compatibility of theoretical viewpoints, openness in communication with each other, and equality of participation as they co-lead their groups.

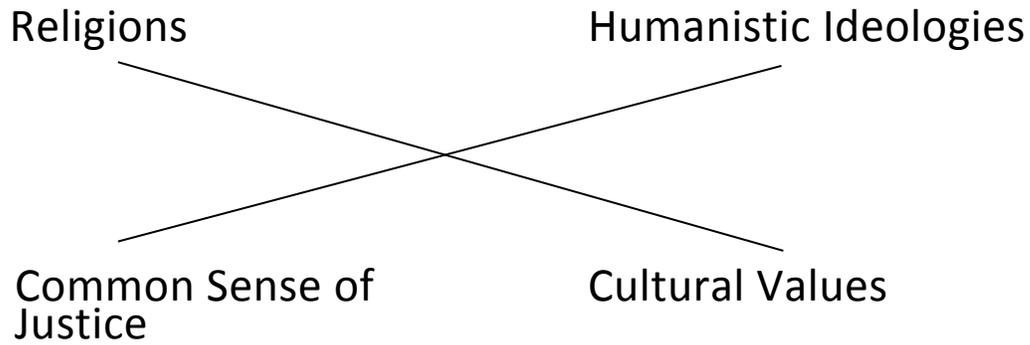
## **SOCIAL ISSUES**

- 9.0 Group psychotherapists have an obligation to attend to community issues whenever they fall under the province of their expertise.
- 9.1 It is reasonable and at times necessary for group psychotherapists to make professionally informed contributions to public debate on psychosocial issues, particularly when the contributions pertain to their expertise in social psychology, group process, cultural and cross-cultural studies, sociology, anthropology and ethical issues as they pertain to all the studies above.
- 9.2 It is reasonable for group psychotherapists, when participating in public debate of any kind, to differentiate clearly between those arguments they base specifically on their professional experience and expertise, and those they hold as personal opinions and convictions as citizens.

*These Ethical Guidelines and Professional Standards are a living document responding to the challenges of the times and the contexts in which they are most needed. As such, they will require regular review. As an integral part of the IAGP, they will evolve in order to stay in tune with the experiences of member organizations and developments within the group psychotherapy field, as well as changes in cultures and societies.*

## APPENDIX 1

The Ethical Guidelines and Professional Standards derive from the intersection of values based on Humanistic ideologies, Cultural values, Religions and a Common sense of justice.



Complaints may be sent to the Chair of Ethics: [ethicschair@iagp.com](mailto:ethicschair@iagp.com)  
(You will need to type this address manually into your email programs.)

Please address all questions pertinent to the Ethical Guidelines to the Chair of Ethics.