CRANIOSACRAL THERAPY ASSOCIATION

Practice and disciplinary codes

CODE OF ETHICS AND CONDUCT

CRANIOSACRAL THERAPY ASSOCIATION OF THE UK

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CONTENTS

INTRODUCTION

Why do we need a code of ethics and practice?
For the protection of clients and practitioners, to help us understand what our obligations are, as a general source of reference and support, to help establish our professional identity and reassure those outside the profession that we take these issues seriously.

What the code is not:
It is not a detailed set of rules to cover every eventuality. It is not a long list of prohibitions, though there are some prohibitions in it. Nor is it intended to be "set in tablets of stone" but rather as a document which will be developed and improved as time goes on.

First some general principles which inform all that follows:

- We put the safety and well-being of our clients first.
- Alongside our clients' welfare, we foster our own development, well-being and self-respect.
- We listen to our clients and respect their views.
- We are honest and straightforward in all our professional work.
- We aim to develop and maintain trust between ourselves and our clients.
- We give our clients the information they need, and ensure that as far as possible they understand what we are telling them and what we are doing.
- We respect our clients' right to choose as regards their treatment, both before the treatment and during it. We take time to explain what we are going to do and ensure that the client agrees.
- We respect as confidential anything we learn from the client, whether verbally or through palpation.
- We have an ongoing commitment to improve our professional knowledge and skills.
- We practise within the limits of our knowledge and skills and do not seek to do anything that we are not competent or qualified to do. We seek to be aware of our own strengths and weaknesses.
- We are careful not to abuse our professional position or to do anything which will bring our profession into disrepute.
- We respect the skills of other health care professionals, whether in our own field or any other, and work in co-operation with them so far as possible.
- We recognise the need to refer a client on to another practitioner when this is necessary.
- We respond promptly and constructively to any criticism or complaint from whatever source and are careful not to ignore them.
- We take care of our own health and recognise that this is our responsibility, both for our own sake and that of our clients. This includes having supervision where necessary.
- As in a family, we hold ourselves responsible one for another. If we believe a colleague's conduct, health or professional performance – or our own – may pose a threat to clients we will act carefully but promptly.

1. THE CODE

1.1 SCOPE AND LIMITATIONS

1.1.1 The fundamental basis for this Code of Conduct and the separate Standards of Practice is the principle that every member must at all times adopt the current sound practice of a reasonable practitioner. The effect of achieving these standards is to protect the client from harm and engender a climate for securing real benefits.

1.1.2 You should note that craniosacral therapy is an independent healthcare profession. In common with other such professions, the law does not attempt to define precisely what the scope of craniosacral therapy is and it is not the purpose of this document to do so.

1.1.3 This Code lays down the standards of ethics and conduct which are expected of all therapists and gives advice in relation to the practice of craniosacral therapy. It sets expected standards but cannot be all-inclusive and exhaustive. It aims to set out the principles by which therapists should conduct themselves.

1.1.4 It is the nature of professional practice that some decisions fall in areas where there can be no absolute right or wrong, where you may have to weigh a series of conflicting obligations. The public interest must always be paramount and will be so considered by the CSTA.

1.1.5 This Code is not a fixed body of rules. We do not attempt to dictate what you must do in every situation you may face in regular practice. We have set out the essential principles that you should apply in your professional life to ensure that the needs of your clients come first at all times. Your ability to follow these principles will demonstrate your competence and fitness to practise.

1.1.6 We summarise the standards required, offer guidance on how to observe them, and will indicate areas where problems may arise.

1.1.7 When in doubt, do not hesitate to contact the CSTA, your supervisor or an experienced colleague. Where, however in cases, for example, there is an alleged breach of contract or negligence (as this guide will advise later), you should seek advice from the CSTA, your insurers or lawyers who are experienced in this field.

1.1.8 Any teacher at a college accredited by the CSTA (whether or not he is a member of the Association) is expected to hold the students at the college in an ethical relationship as if they were clients. This also applies to any member teaching craniosacral therapy other than at an accredited college. Breaches of this requirement will be dealt with by the CSTA's disciplinary procedures and/or its accreditation procedures as appropriate.

1.2 JURISDICTION

1.2.1 This Code of Conduct and associated Rules and Regulations relating to Disciplinary Proceedings or Investigations will apply to you whilst you remain a member of the CSTA. If a complaint against you arises whilst you are such a member, but you resign or cease to be a member of the CSTA during the investigation of the complaint, the jurisdiction of the CSTA will continue and you will be adjudged by the appropriate Disciplinary Committee.

1.3 DEFINITIONS

1.3.1 Whenever reference is made in this Code to the following they are to be understood as follows:

- CSTA — Craniosacral Therapy Association of the UK
- Craniosacral therapist, therapist or 'you' — A registered member of the CSTA*
- Trustees — The trustees of the CSTA
- College — A college accredited by the CSTA
- CST — Craniosacral therapy
- Client — Someone receiving craniosacral therapy
- Student — A student at a college accredited by the CSTA

[* whatever role he or she is taking: therapist, teacher or supervisor.]

1.3.2 In this Code the masculine includes the feminine.

1.4 OTHER CSTA DOCUMENTS

1.4.1 Standards of Practice: This document sets out the standard of proficiency that the Association expects all its members to reach. This will result in members and clients expecting such members to be capable of operating to the standard prescribed.

1.4.2 The Complaints, Investigation and Disciplinary Procedures incorporating the Procedural Regulations: These documents deal with issues relating to professional conduct, investigation and procedure. However, these documents are complementary to any other such documents issued from time to time and therapists and colleges must be familiar with them.

1.4.3 The Constitution and Byelaws of the Association. These set out, among other things, what is needed to become a member of the Association, the different categories of membership and how the Association is governed.

1.4.4 Guides for all members on supervision and continuing professional development (CPD). A guide for supervisors.

1.4.5 Safeguarding and Data Protection Guidance documents for all members.

1.4.6 Accreditation Guidelines governing the way colleges are accredited.

1.5 SEEKING CSTA ADVICE

1.5.1 Any member seeking advice on any matter relating to this Code, whether this is specifically advised in the Code or not, should contact the Secretary in the first instance or if he is not available another Trustee. Contact details of Trustees are on the CSTA website and published in *The Fulcrum*. Contact can also be made via the CSTA website.

2. ETHICAL STANDARDS

2.1.1 As a craniosacral therapist you should be a person who can be trusted and respected, both professionally and in the community. This means that members must not abuse or be addicted to alcohol or other drugs, nor engage in any activity, including criminal activity, which would bring that member and the profession generally into disrepute. Such abuse, addiction or activity may be taken as evidence of a member's unfitness to practise as a registered craniosacral therapist.

2.1.2 In order to remain a therapist registered by the CSTA you should uphold and adhere to the spirit and letter of this Code of Ethics and Conduct of the CSTA and its other policies determined from time to time.

2A SUPERVISION

2A.1 GENERAL

Supervision is good practice and at times may be essential - for example in our duty of care towards complex client relationships, or for working with significantly traumatised clients. It is our responsibility that our work is always in the best interests of our clients and that we are constantly striving to ensure that is so. We have to be accountable for all our actions. We therefore strongly encourage all practitioners to be in regular supervision, so that if difficulties arise you have an established relationship from which to seek support.

2A.2 SUPERVISION AND COMPLAINTS

If there is a complaint made against you and criteria such as those listed below are relevant and you did not use supervision, then this will be taken into consideration and may be seen as a breach of ethical practice in that it may indicate you did not act in the client's best interests and showed a lack of duty of care.

Situations where a practitioner may need to use supervision in order to work in the client's best interests include -

- A complexity arising that wasn't there before, ie something new becoming apparent
- If a client presents with additional complicating factors, eg they disclose that they were abused as a child
- If a client becomes increasingly dependent on the frequency of visits, eg asks to come more regularly without an obvious clinical need for this
- If there is an increase in intensity in the emotional response to the treatments, eg the client or the practitioner becomes more anxious or becomes preoccupied with the work
- If the client keeps ringing or making contact between sessions that is more than booking appointments
- If symptoms worsen or do not improve within a reasonable time frame, whether physically or emotionally
- If a practitioner finds herself reacting emotionally to the client, whether positively or negatively (this may indicate over-identification or counter-transference)
- In any case of a significantly traumatised client
- If working with a 'vulnerable' group, eg physically challenged; communication difficulties; learning impaired; victims of violence; people with mental health difficulties; people with alcohol or substance dependency etc
- In any case where there may be risk of suicide
- If the client appears to be behaving irrationally
- If the practitioner finds their boundaries compromised with regards to the client (see para 3.3) or feels the urge to compromise these

- If there are power dynamics of any kind within the therapeutic relationship
- If there is a parallel history between the client and practitioner
- If the relationship or work feels 'stuck'
- If the practitioner feels confused about whether or not she needs supervision for an issue that has arisen

This list is neither exhaustive nor prescriptive but gives a sense of the criteria that might be triggers where you may need to seek supervision or consultation, and where it may count against you in any complaint if you are unable to give an adequate explanation why supervision was not sought. Please remember that as a registered practitioner you are obliged to respect both the letter and spirit of the Code of Ethics (see para 2.1.2)

3. RELATIONSHIPS WITH CLIENTS

3.1 GENERAL

3.1.1 You are free to choose whom you accept as a client. Having accepted a client you develop a relationship of trust with him. When a client consults you, his needs come first. You must never abuse that relationship.

3.1.2 Once you have accepted somebody as your client, you have a duty to provide him with an appropriate treatment or, if necessary, referral while he is under your care.

3.1.3 If you have good reason (possibly including the safeguarding of your own well-being) to terminate a series of treatments before their completion, where the client is requesting further sessions, you should negotiate this in person with the client, and where appropriate arrange for the care of the client to be assumed by another craniosacral therapist or other health professional.

3.1.4 The clients under your care will rightly expect you, within reasonable limits, to make yourself available to them. You should ensure that your clients have clear information about your practice arrangements and how to communicate with you. Communication skills, underpinned by professional attitudes, are essential to your competence as a therapist. Where communication fails, good practice often fails. (*It must be stressed, that one of the major faults with professionals of all kinds is a breakdown in communication and you must be aware of the possibility of disciplinary proceedings, where normally the burden may fall upon you to establish whether you have properly expressed yourself and communicated with the client. Therefore you should take special care in this area).*

3.1.5 The client can expect to find you sensitive, caring, understanding and non-judgemental. They should have your undivided and uninterrupted attention, and should know that you are making sufficient time available in which to deal properly with their needs. If you consider that the client is making unreasonable demands, you should explain politely that you have to balance the needs of more than one client and divide your time fairly between them. You should however be most courteous throughout.

3.1.6 You must ensure that what you and your client discuss with each other is heard and understood accurately on both sides. This may well be difficult in certain cases but ultimately it is up to you. In deciding what information to give, you should use

language that is easily understood, encouraging the client to ask questions and play a full part in the decision that has to be taken. If you feel after this that there is still doubt as to what the client understands, it is advisable to record this in the case notes. Do not proceed with a treatment, however, if doubt exists in your mind.

3.1.7 You should never allow a treatment to be prejudiced by your views about a client's gender, ethnicity, disability, culture, beliefs, sexual orientation, lifestyle, age, social status or language difficulty. Your own beliefs and attitude must not come before the overriding interest of the client consulting you. You will, as a professional therapist, explore any prejudice towards a client that might affect your ability to work clearly with that person, seeking supervision where need be.

3.1.8 In any case where you discover that the client is suffering from a condition which is outside your scope of practice, you should refer the client to another therapist or other competent health professional, who may be the client's G.P., and, with the client's consent, you should make available to such a person all relevant information.

3.1.9 Practitioners working alone in their own homes or other premises should be aware of the need for caution, particularly when they are seeing a client they have not met before. It may be necessary sometimes to take sensible precautions, such as asking another person to be on the premises during a first session.

3.1.10 Craniosacral therapy generally takes place with the client fully clothed. Exceptions to this may be when the practitioner wishes to make a clinical evaluation of the client, or when the practitioner asks a client to make slight adjustments to their clothing for the purposes of skin-to-skin contact. Such requests should be negotiated with great care and sensitivity, and with the full understanding and consent of the client. The client's right to refuse should be respected at all times and if necessary another way of working found. A request to take off a garment should only be made if the practitioner can demonstrate clinical relevance. Such requests should be limited to outer clothing and suitable undergarments should be worn at all times. If you are treating a client, but not working with craniosacral therapy, and if this involves undressing, you must make clear what your treatment involves and that it is not craniosacral therapy.

3.1.11 Craniosacral therapists do not take up physical contact with the genitalia or female breasts except in very rare circumstances. If in exceptional circumstances the client agrees, after discussion and with their written consent, that the therapist should do so for good clinical reasons, then the practitioner must ensure that a third person of appropriate gender is present in the same room to take the role of chaperone. This should be carefully recorded in the case notes, including the name of the chaperone.

3.1.12 Craniosacral therapists are trained to work on other areas that may appear sensitive and intimate to their clients. These areas include, for example, the sacrum, inside the mouth, the face and the thoracic inlet area. There is also the possibility that some clients may experience <u>any</u> contact as invasive and intimate. You are therefore advised to ensure that before taking up any contact on your client's body you have explained fully what you wish to do, and have obtained full consent.

3.2 <u>YOUR CONTRACT WITH THE CLIENT</u>

3.2.1 Whilst you may not have a document in writing, by agreeing to see the client, you are entering into a legally binding contractual relationship with your client, the terms of which, including your fee structure, must be understood and accepted by both you and the client. This applies even if you receive no payment. It is your duty to ensure,

during and after consultation, that the client understands what you can and cannot offer. Your side of the contract is to take reasonable care and use your professional knowledge and skill to advise or treat clients.

3.2.2 You must also ensure that anyone assisting you at your place of work is competent, bears their responsibilities, and is properly trained and supervised where necessary. You must not enter into any business relationship to provide care with anyone who is not a practitioner and does not carry professional indemnity insurance to cover him.

3.3 BOUNDARIES IN CLIENT RELATIONS

3.3.1 You may find yourself called upon to treat professionally someone who is already a friend, or a client may become a friend. This will affect the therapeutic relationship and it is essential that you keep a clear line, understood on both sides, between the social and the professional relationship and discuss this with the client. At no time must a past, present or anticipated personal relationship interfere with the impartial professional position you must maintain as a therapist. See advice about seeking supervision in paragraph 3.3.3.

3.3.2 You must not enter into a sexual relationship with a client (or student - see 1.1.8). You must also be aware of the dangers of allowing any sort of inappropriate emotional relationship to develop with a client. It is your professional duty not only to avoid putting yourself in such a position but also to avoid any form of behaviour which might be construed in this way. If you are becoming emotionally or sexually involved with a client you should end the professional relationship if you are his therapist (or discuss this with the college principal and/or the CSTA Secretary if you are a teacher) and inform the client where he can find details of sources of alternative care. All this should be clearly recorded. It is essential, in the interests of both parties, that you discuss events of this nature in professional supervision and that after ending the therapeutic/teaching relationship that you do not enter into an intimate/sexual relationship with the person concerned until a minimum of a year has elapsed.

3.3.3 You must be on your guard against inappropriately crossing the boundaries between your role as a therapist and some other role. It is not possible to list every eventuality but there is always a risk associated with dual relationships i.e. where the therapist has more than one role with respect to the client. You should develop an awareness of areas in which these problems may arise and act appropriately. In cases where there is lack of clarity on boundaries these issues should be taken to supervision.

3.3.4 You should not solicit testimonials from any client.

3.3.5 Social media - Practitioners should be aware of the potential difficulties with boundaries when using social media. In particular, practitioners should bear in mind that all publicly available information will be visible by clients. Therefore, they should ensure their private and public profiles remain separate and that clients do not have access to private information, and be aware of the risk of accidentally responding to a client on a private page. If you are in any doubt about the appropriateness of any contact on social media, please seek supervision and / or advice from the CSTA.

3.4 UNDUE INFLUENCE ON CLIENTS

3.4.1 Undue influence is a concept recognised by law where one in a possible potential superior position by way of age, status or profession, could influence a more vulnerable person. You, as a practitioner, meet clients, who are thereby vulnerable and open to

persuasive influences from you. You cannot exploit that position to your advantage as this would lead to a breach of trust. Examples include:

- Pressurising clients to continue to have treatments
- Subjecting clients to treatment which is unnecessary, or not in their best interests.
- Prolonging treatment beyond that which is appropriate
- Deliberately withholding necessary treatment or referral to an expert
- Imposing one's beliefs on a client
- Soliciting a client to give or lend you or third parties money or other benefits
- Charging unreasonable fees or withholding information about fees and associated costs until they have been incurred
- Putting pressure on a client to purchase a product which will bring to you financial reward.

4. INFORMED CONSENT

4.1 NEED FOR INFORMED CONSENT

4.1.1 Before instituting any treatment, you should ensure that informed consent to such treatment has been given. Failure to obtain informed consent could lead to civil proceedings and complaints to the CSTA against you.

4.2 MEANING OF INFORMED CONSENT

4.2.1 Informed Consent means consent that is given by a person who has been supplied with all the necessary relevant information about the treatment.

4.2.2 The person by whom the treatment is sought must possess the necessary intellectual capacity to give such consent. (You are referred to section 7 relating to children and those lacking intellectual capacity.) A person in the normal course of events has the intellectual capacity to give consent if he is able to:

- Understand in simple language what the treatment is, its purposes and why it is being proposed.
- Understand its principal benefits, possible consequences and alternatives.
- Retain the information for long enough to make an effective decision.
- Make a free choice.

4.2.3 A person will have legal capacity to give consent to a treatment if that person is within the age of the relevant law for giving such consent. As noted in paragraph 7.3.1, the relevant age for the giving of such consent does differ and therefore it is up to you to ensure that you are aware of the particular law pertaining to the country you are in

5. COMBINING CST WITH OTHER THERAPIES

5.1 NEED FOR CLARITY

5.1.1 If you are combining the skills of craniosacral therapy with another therapy or therapies, you must clearly distinguish one therapy from the other, both for yourself and for the client, and explain to your client how any other therapy you are using differs from craniosacral therapy. The client must appreciate which therapy/therapies you are using and you must ensure that you have your client's consent.

5.1.2 If a complaint arises, the Disciplinary Committee dealing with the case will have the right to consider what techniques have been used by you as a craniosacral therapist and have the right to refer the complaint to any other Association to which you belong for liaison or discussion or assistance. The Disciplinary Committee may call in an expert of the other discipline concerned to comment and advise.

5.1.3 The CSTA understands that some practitioners combine craniosacral therapy with other therapies in the same session. This will be taken into account if any complaint arises but it is still the practitioner's duty to give clear explanations as in paragraph 5.1.1.

5.2 COMPATIBILITY

5.2.1 Where a therapist has another bodywork oriented profession or offers other skills or expertise, it is important that these should be compatible with the profession of a craniosacral therapist. Any other methods of treatment or techniques should only be exercised with proper competence and skill, the therapist having obtained suitable qualifications where these are available and observing the Codes of Practice laid down by the appropriate regulatory bodies.

5.2.2 The Trustees may make an enquiry of you (to which you must reply within a reasonable time specified by the Trustees) or others about your other activities, professions or appointments, and, after taking fully into account the representations of the therapist concerned, may make a final and binding decision either permitting or prohibiting the therapist advertising or holding themselves out as carrying on such profession, appointment, skills or expertise while they are registered by the CSTA. *(Note: This power would only be exercised in unusual circumstances where the Trustees had reason to believe that the profession was being brought into disrepute or the well-being of clients was being compromised.)*

6. TREATMENT OF WOMEN IN LABOUR AND NEONATES

6.1.1 Treatment may be given to a woman during labour and birth provided that it is with her full, informed written consent, subject to the provisions in the remainder of this section.

6.1.2 Treatment may be given to babies before, during and at any time after birth provided that such treatment has the full, informed consent of the parents, subject to the provisions in the remainder of this section.

6.1.3 All treatment given to a woman or baby during childbirth presumes that a doctor or midwife is attending them and therefore taking responsibility for the overall health and wellbeing of the birthing woman and baby. 'Attending' does not imply that the midwife or doctor is physically present at any particular time. It is an offence for anyone not qualified as a doctor or midwife to attend a woman in childbirth, i.e. be in charge of the case.

6.1.4 It is normal for a baby and his/her mother to be under the care of the midwife attending them for ten days after the birth, or longer if it is deemed necessary.

6.1.5 You must keep other relevant medical and complementary health practitioners appropriately informed of your treatment of a woman during childbirth, with suitable consent for the sharing of information having already been obtained from the woman.

6.1.6 You must keep other relevant medical and complementary health practitioners appropriately informed of your treatment of babies during and immediately following the birth, with suitable consent for the sharing of information having already been obtained from the parents.

6.1.7 It could happen that a conflict arises between the woman in childbirth who wants craniosacral treatment for herself or her baby or both and the midwife or doctor attending her who advises against such treatment. In this case you are advised to seek advice from the CSTA as difficult issues are involved.

7. CHILDREN AND THOSE WITH A DISABILITY

7.1 GENERAL

7.1.1 You must bear in mind that a child has a right to participate at any age in decisions about his or her treatment. Part of the therapist's skill should be in knowing when a child is consenting to treatment or any aspect of a treatment. If this consent is not forthcoming, then you should not proceed with that treatment or part of it.

7.1.2 On parental consent, because of the practical difficulties involved in determining how the relevant law applies in any particular case, you are advised to act as follows:

7.1.3 If the client is under the age of 16, you are advised not to carry out a treatment unless you are satisfied that the client's parents or other legal guardian have given their consent. Whilst the terms of the consent can be subject to circumstances, in the event that the parent or guardian is not present at the treatment, you are warned that there could be serious repercussions if it is later established that such consent did not exist. If for some reason the parent or guardian is not present, the consent should be obtained in writing for the particular treatment. A practitioner could find himself facing disciplinary proceedings if a complaint is made and it is established that no such consent was ever given.

7.1.4 Practitioners should be aware of the heightened risk of allegations being made against them if a child is treated in the absence of a parent or guardian. It is a practitioner's duty to take into account all relevant factors before agreeing to do this.

7.1.5 There might be extremely rare circumstances where you believed that you should treat a child under the age of 16 without parental consent. If this situation arose you should on no account treat the child without seeking advice from the CSTA and/or a solicitor.

7.1.6 In treating a child you are committed to safeguarding the child from harm and having a positive and safe environment for the child or children concerned. You must bear in mind the following:

- Recognise when the child might be, or already is, at risk or harm from any circumstance, either connected with your treatment or otherwise.
- That the need may arise for working with and referring to other agencies, including the local Child Protection Team and/or the child's G.P.
- Confidentiality, and when it may be necessary to break it.
- Record keeping.

7.2 CLIENTS OVER THE AGE OF 16 WHO DO NOT HAVE INTELLECTUAL CAPACITY

7.2.1 Where a client is over 16 and does not have the intellectual capacity to give informed consent (see paragraph 4.2.2), then before carrying out any treatment you should obtain the consent of the parent, guardian or other person with the care of the client. If in doubt you should seek advice from the CSTA.

7.3 CLIENTS OVER THE AGE OF 16 BUT UNDER 18 WHO DO HAVE INTELLECTUAL CAPACITY

7.3.1 In the case of clients over the age of 16 but below the age of 18 who do have intellectual capacity, you are advised not to carry out any treatment unless you are satisfied that:

- The client has been given sufficient and relevant information allowing the form of consent to be given.
- The client has given informed consent
- The client is actually not below the age of 16 – in other words check from the date of birth.
- Generally it is safer, if possible, to obtain the informed consent of the parent or guardian but this is not mandatory. It is a matter of your informed or considered opinion that you must note on your records in any event.

You should note that the age of consent is different in different parts of the United Kingdom. You must therefore ensure that you are aware of the law relating to the area. Consent to the treatment of a person over the age of 16, but under the age of 18 may be given by the client or the client's parent or other legal guardian. All of these people have an equal right to give consent but it is not necessary to obtain consent from more than one of them. In the event of a conflict between a client and the parent or guardian or between parents, you should seek legal advice.

8. CLIENTS' RECORDS AND CONFIDENTIALITY

8.1 GENERAL RULE OF CONFIDENTIALITY

8.1.1 Confidentiality underpins your relationship with your clients.

8.1.2 You should keep to yourself any personal information you learn or record and the opinions you form in the course of your professional work. This duty extends to your staff.

8.1.3 You must ensure that confidential information which you are responsible for is securely protected and that you store it or dispose of it when no longer required. You must keep any records on any clients properly secured to protect them as well as possible against any theft, fire or any other disaster.

8.1.4 When you decide to disclose confidential information you must be prepared to explain and justify your decision.

8.1.5 You may need to allow your Inspector of Taxes to see your practice financial records but to protect the client's confidentiality in such circumstances, financial information should be kept separate from clinical notes.

8.1.6 Subject to the matters set out below, you shall not disclose to a third party any information about a client, including the identity of the client, either during or after

the lifetime of the client, without the consent of the client or the client's legal representative. You are responsible for taking all reasonable steps to ensure that this general principle is adhered to by any employee or agent, and any information relating to the client is protected from improper use when it is received, stored, transmitted or disposed of. If in doubt, you should take legal advice on the question of disclosure of any information.

8.2 EXCEPTIONS TO THE GENERAL RULES OF CONFIDENTIALITY

8.2.1 Exceptions to the rules of confidentiality are that you may disclose to a third party information relating to the client:

With the client's consent

- If the client has requested this in writing.
- If you believe it to be in the client's interest to disclose information to another health professional and the client has given his consent in writing.
- If you believe that disclosure to someone other than a health professional is essential for the sake of the client's health and the client has given his consent in writing.

Without the client's consent

- If disclosure is required by Statute.
- If you have been directed to disclose information by any official having a legal power ordering disclosure.
- It is in the public interest. This is not easily defined – please see note below.

Note: In circumstances alleged by someone or supposed by you to be covered by one of the last three bullet points you are strongly advised to seek advice from the CSTA or from your own solicitor before making any disclosure.

8.2.2 In each case, where disclosure is considered appropriate you shall:

- Inform the client before disclosure takes place
- So far as is reasonably practical, make clear to the client the extent of the information to be disclosed, the reason for the disclosure and the likely consequence of disclosure where to do so is appropriate.
- Disclose any such information as is relevant.
- Ensure so far as possible that the person to whom disclosure is made undertakes to hold information on the same terms as those to which you are subject.
- Record in writing the reasons for such disclosure clearly on any record for future use.

8.2.3 Nothing in these provisions on confidentiality is intended to prevent a practitioner discussing a case anonymously in supervision. Supervision sessions have their own rules of confidentiality: see the CSTA's Supervision Guide.

8.3 CONTENTS OF RECORDS

8.3.1 You must keep accurate, comprehensive, easily understood, contemporaneous dated case notes including the following details:

- The person's details: names, address, date of birth, telephone numbers
- G.P.'s details if the client agrees
- Any problems and symptoms reported by the client
- Relevant medical and family history

- The information or advice you give on the initial and any further treatment
- The decisions made by you
- Treatment you gave and any observations
- Any other information which may be necessary to record the treatment you have given.

8.4 OWNERSHIP OF AND RESPONSIBILITY FOR RECORDS AS BETWEEN THERAPISTS

8.4.1 Where you work together with other therapists in any capacity, in the same practice or premises, whether as employer or employee or otherwise, you are advised to enter into a specific written agreement as to ownership of, and hence, responsibility for the records of clients whom you treat in that practice or those premises.

8.4.2 In the absence of any legal rule or such specific agreement as is mentioned immediately above to the contrary, clients' records, correspondence and other records of a similar nature, shall be deemed for the purposes of the provisions of this Code to be the property and responsibility of the therapist (if any) to whom the practice belongs. If a client requests that his records should be made available to another therapist, copies of the records shall be forwarded immediately subject to the payment of any reasonable administrative charges subject to the limitations of current statutory policy. The original records shall stay in the care of the original therapist (See section 7.5.)

8.4.3 In the case of a therapist working with other therapists, where there is any possibility of doubt on the part of a client, you have a responsibility for ensuring that each client has written confirmation of the name and status of the person who is responsible for the client's day-to-day care, supervising the client's overall treatment, responsibility for records and the person to approach in the event of any problem with any treatment.

8.5 RETENTION OF CLIENTS' RECORDS

8.5.1 Such records shall be retained in your custody for a period of at least 7 years from the date of the last visit the client made, except in the case of clients under the age of 21 where records should be so retained until the client reaches the age of at least 21 plus 7 years. In the event of the client suffering from a mental or physical disability, so as to preclude the client from being able to make his own decisions, the records should be kept for a period of at least 15 years and thereafter you should take legal guidance on the retention of such notes in particular circumstances.

8.5.2 You should make prior arrangements that on the closure of a practice for whatever reason, including death, the records of the clients should be deposited for safe keeping, for not less than the period stated above, and notification of the deposit shall be given to the CSTA and inserted as an advert in a newspaper circulated in the district in which the practice is located. Such records will be released from safe deposit upon instruction or a written authority of the client to whom they relate or such client's legal representative.

8.6 DISPOSAL OF RECORDS

8.6.1 Destruction of records must be done securely, usually by shredding.

8.7 DATA PROTECTION AND ACCESS TO RECORDS BY CLIENTS

8.7.1 You must ensure you comply with all relevant laws on data protection, particularly The General Data Protection Regulation (GDPR) which is Europe-wide legislation, and the UK Data Protection Act 2018 which defines aspects of data protection for the UK specifically.

8.7.2 Clinical records whether on paper and computer, as well as any email lists that you may hold for any purpose are all subject to data protection law.

8.7.3 Please see the CSTA's detailed document 'Data Protection Guidance for Practitioners' for full details about your obligations under these laws, including understanding and recording your 'lawful basis' for holding information about people in different circumstances; clients' right of access to information you hold about them; suggestions for minimising the risk in how you hold data; and the requirements for reporting 'data breaches' to your clients or the Information Commissioner's Office.

8.7.4 Case notes - the type of information that practitioners hold about clients is regarded as especially sensitive and personal and therefore inherently high-risk in case of loss, so you should take and record steps to reduce this risk – for example creating a simple code system to avoid clients' full names or contact details appearing on the case notes. You should have a privacy notice that explains in simple language why you keep this information and the client's rights, so they are informed before consenting to treatment. For more details see the full document.

8.7.5 Email lists, newsletters etc – this is regarded as a separate 'purpose' for holding data, ie marketing not treatment, and must be handled separately. You may not use personal information such as email addresses given for one purpose (eg contact details for a treatment) for a different purpose (eg your own newsletter) without express informed consent for the separate purpose. For details on what is required for 'consent' please see the full document.

8.7.6 i) Clients' right to access information – subject to the provisions and timeframes specified within the data protection laws, if a client requests it you shall make available the information that you hold about them – the requirement is that you allow data subjects access to the information you hold about them. It is not a requirement that you provide actual copies of the documentation itself, though you may feel it is more transparent to supply the notes themselves – seek advice from the CSTA, your insurer or a solicitor in case of doubt.

iii) In the case of access to children's records there are extra considerations depending on their age and capacity – see the full document for more information and in case of doubt you should check with the CSTA, your insurer or a solicitor.

ii) The client has various rights about this information including the right to 'rectify' information that they consider to be inaccurate – see the full document for details.

8.8 PROVISION OF INFORMATION CONTAINED IN HEALTH RECORDS TO LEGAL BODIES

8.8.1 If you are required or requested to give evidence or information to a Court or other Tribunal you should do so with care. Whatever evidence you give must be independent and impartial.

9. COMPLAINTS

9.1 ACTION TO BE TAKEN

9.1.1 You may be an excellent practitioner, but inevitably, from time to time, things may go wrong. You must act promptly and appropriately if you become aware of any error on your part or if a client complains of any aspect of your professional practice. In this event, you are advised to promptly inform and seek guidance from your insurers or legal adviser first before consulting your client, but you must act promptly. You are also advised to seek advice and guidance from the CSTA.

9.1.2 You must ensure that clients have clear information as to how to make a complaint. When handling a complaint, you must act promptly and constructively, putting the interests of clients first and co-operating fully with any external investigation. You must keep proper documentation, including copies of letters sent and received.

9.1.3 If someone complains about your apparent failure in care they are entitled to a proper investigation and an explanation as to what has happened. You should take the initiative when putting things right. Because questions of compensation may arise, you should ensure that any apology is only given with the consent of your insurer. Any such apology should assure the client that you have taken full steps to prevent a recurrence.

9.1.4 If no complaint has been made but a practitioner is aware that something has occurred which might give rise to a complaint later, then he should seek advice from his insurers, legal adviser, supervisor and/or the CSTA as appropriate.

9.2 DUTY OF CARE

9.2.1 Even if you have not charged a fee or do not believe that you entered into a contractual relationship, if you offer to treat a client, you owe what is called in law a duty of care to that client. Accordingly, a client suffering injury or loss because you have not used reasonable skill and care in accordance with your profession and the accepted norms for practitioners may result in a case against you for damages for negligence in the Civil Courts. In such a case the Court will not only judge whether the standard of care was reasonable, but whether the damage suffered was a direct result of a breach of your duty of care. You should therefore always maintain high professional standards to minimise any risk.

9.2.2 Errors of judgement or wrong decisions do not necessarily amount to negligence. The finding of the Court or Tribunal will depend on, whether, on the balance of probability, the care you provided was reasonable. It therefore follows that you will minimise any risk if you:

- Maintain your professional standards.
- Keep abreast of developments in craniosacral and health issues.
- Stay within the limits of your personal and professional competence.

10. PROBLEMS WITH YOUR HEALTH

10.1 If your health is impaired for any reason, be it mental or physical, so that clients are at risk, you must follow medical advice on where and how you should modify your practice. The interest of clients must come first at all times and if necessary you should stop practice altogether and place yourself under medical supervision until a

medical adviser judges you fit to practise again as a therapist. If you have any serious condition, you must take any precautions necessary to prevent transmission to clients.

10.2 The previous paragraph applies if you have become dependent on alcohol or any other drug, prescribed or otherwise, to an extent which may affect your craniosacral practice.

11. PROFESSIONAL INDEMNITY INSURANCE

11.1 You must have adequate and acceptable professional indemnity insurance according to any rules laid down from time to time by the CSTA. You must be able to provide adequate compensation through insurance for avoidable injury arising from your advice or treatment inappropriately carried out.

12. HEALTH AND SAFETY

12.1 The Law lays down detailed requirements for Health and Safety in the workplace. It is your responsibility to be aware of these, keep up to date with them and to ensure that your work environment complies with them.

13. LEGAL LIMITATIONS ON WHAT YOU CAN DO

13.1 Please note that the law prohibits you from doing a number of specific things. Whilst this is not an exhaustive list, they include:

- Advertising treatments to cure cancer and carrying them out. This does not preclude the palliative care of those suffering from this disease although you are advised to secure the agreement of the doctor in charge of the case.
- Diagnosing, performing tests on or administering medical treatment to animals in any way unless you are yourself a registered veterinary surgeon; this includes a prohibition on giving craniosacral therapy to an animal unless a veterinary surgeon has made a diagnosis and agreed to you doing so. You are also prohibited from giving advice on the treatment of an animal following diagnosis by a registered veterinary surgeon where you countermand his/her instructions. When performing craniosacral therapy on animals you must ensure your insurance covers you for such work.
- Taking responsibility for the birth of a child, often referred to as 'attending a woman in childbirth', unless you hold an appropriate qualification in midwifery or are a registered medical practitioner. This does not preclude the provision of treatment, but this is subject to the provisions of Section 6 on the treatment of women in childbirth and new-born babies.
- Practising dentistry unless you hold an appropriate qualification (this does not preclude cranial treatments using contact within the mouth).
- Treating venereal disease as defined in the 1917 Venereal Diseases Act unless you are a medical practitioner.
- Using manipulation or vigorous massage unless you possess an appropriate qualification to do so.
- Prescribing remedies, herbs, supplements, oils etc unless your training qualifies you to do so.
- Signing certificates which require the signature of a registered medical practitioner.

14. NOTIFIABLE DISEASES

14.1 It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health of the district in which your client resides or in which he is living when the disease is diagnosed. The person responsible for so notifying is the G.P in charge of the case. If therefore, you discover a notifiable disease, which clinically is identifiable as such you should insist that a doctor is notified. Each Local Authority decides which diseases shall be notified in its area. There may be therefore local variations. The list includes:

a) Acute encephalitis
b) Acute meningitis
c) Anthrax
d) Acute poliomyelitis
e) Cholera
f) Diphtheria
g) Dysentery
h) Food poisoning
i) Leprosy
j) Infective jaundice
k) Malaria
l) Leptospirosis
m) Measles
n) Ophthalmia neopatorum
o) Paratyphoid fever
p) Plague
q) Relapsing fever
r) Scarlet fever
s) Tetanus
t) Tuberculosis
u) Typhoid fever
v) Whooping cough
w) Yellow fever

15. CLIENTS' RIGHTS AND TEACHING OR RESEARCH

15.1 If you are involved in teaching or researching which involves clients, you should seek the approval of the appropriate research ethics committee, or the Trustees in the absence of a research ethics committee, wherever possible and you must seek clients' consent before involving them. They have a right to refuse to take part if they wish. You must ensure that client care is not compromised, whether or not a person takes part in your research and you must record your research results truthfully, keep adequate records and make no claims which cannot be substantiated.

15.2 Therapists shall report research findings and clinical experience methodically, honestly and without distortion. Speculative theories should be stated to be so.

15.3 Information used for teaching or research should be anonymous wherever possible and data should be published in aggregated form, which does not allow individuals to be identified. If this is not possible, you should tell the client exactly how the information will be used, and you should do everything that you can to secure their consent before using confidential information for this purpose. You must respect the client's wishes.

16. FEES

16.1 You should charge fees responsibly and in a way which avoids bringing the profession into disrepute. Any document or file quoting your fees must state charges for initial and subsequent sessions and make clear what each session covers.

17. PRACTICE INFORMATION

17.1 You should provide clients, colleagues and other professionals with good quality, factual information about your professional qualifications, your practice arrangements

and services that you provide. You should do this in a way that puts clients first and preserves their trust.

17.2 All advertising in any medium must be legal, decent, honest and truthful. Your professional advertising may indicate your special interest, but you must not make claims of superiority or disparage your professional colleagues or other professionals. It must not be designed to mislead, deceive or make unrealistic or extravagant claims. Neither its content, nor the way in which it is distributed must put prospective clients under pressure. Information must be up to date to avoid misrepresentation.

17.3 The CSTA has the right to examine any of your publicity material and require you to alter it if these criteria are not met.

17.4 Your advertising may not include information of any non-craniosacral qualification, unless you are so professionally qualified. You must not use any title which implies that you are qualified where you are not.

18. FINANCIAL AND COMMERCIAL ACTIVITY

18.1 In all financial and commercial activities relating to your craniosacral practice, you must be honest and reliable. There must be no suspicion that your business affairs influence your attitude towards clients.

18.2 You may recommend products and services, including the services of another therapist, where it would benefit your clients, but you must not do so if you would gain any financial rewards for yourself or your family. This does not preclude supplying remedies, supplements and the like to your clients or providing other goods and services to them if this is part of what you offer as a therapist and you are qualified to do so. (See Section 5 of this code "Combining CST with other therapies".)

19. RELATIONSHIPS WITH COLLEAGUES AND OTHER HEALTH PROFESSIONALS

19.1 Where necessary you should work in co-operation with other therapists and health-care professionals to obtain the best result for each individual client.

19.2 You may refer clients to another practitioner where you believe this is in the best interests of the client and the client has agreed to this. When referring a client or when a client is transferred to another therapy you must be prepared to provide the other therapist with the relevant information about the client, ensuring that you have first obtained the client's consent. There may be circumstances where it is sufficient or preferable for the client to give the new therapist the necessary information.

19.3 If something comes to light during a treatment which you believe is in the interests of the client's health for the GP. to know, you should advise your client to consult his GP or ask the client's consent to inform the GP. If in doubt seek advice from the CSTA.

19.4 You may comment on the ability of your professional colleagues when providing a reference or in other circumstances, provided that your comments are honest and sustainable. Similarly, you may use professional journals to advocate your way of doing things, so long as you avoid criticism of named colleagues and do not claim superiority for yourself.

19.5 When speaking or writing to or about fellow members of the Association, you should treat them respectfully in all circumstances. You should pay particular attention to this if a disagreement occurs in a public forum. If any language is used that can be reasonably considered a breach of this provision, then this may be regarded as professional misconduct.

19.6 However, if you believe a colleague's conduct, health or professional performance poses a serious threat to themselves or clients, you have a number of responsibilities. First, you should find out the facts, then, if appropriate, you must take action designed to protect clients. If necessary, you should, in confidence inform an employer, the CSTA, or somebody else in authority. Any such comment must be honest and sustainable. If in doubt, take advice from an experienced colleague before doing anything.

19.7 A therapist shall not undertake the treatment of a client known to be under the care of a fellow craniosacral therapist without the consent of that therapist, except in an emergency or if satisfied that the former therapist has been duly informed of the transfer. This requirement should be waived if the client has expressed a definite wish that the former therapist should not be informed.

19.8 Where acting as an assistant or locum, a therapist may not procure for the benefit of another practice any client of the principal's practice, neither for the duration nor within six months of the termination of the agreement, without the written consent of the principal.

20. PROHIBITION OF USE OF PROTECTED TITLES

20.1 You shall not use any title or qualification in such a way that the public may be misled as to its meaning or significance. You must be aware that no-one who is not appropriately qualified may use titles such as osteopath, chiropractor, physiotherapist etc, which are protected in law. In particular, therapists who use the title 'doctor' who are not registered medical practitioners shall ensure that they only use it to indicate that they hold a PhD degree. You must be sure that in any advert or otherwise the public do not believe you to be a medical practitioner, unless you are one.

21. LIMITED COMPANIES AND OTHER MATTERS OF PRACTICE

21.1 Therapists who work in a practice that is run by a limited company or other employer are reminded that they will be personally liable to each individual patient in relation to any treatment or advice which they provide.

21.2 Apart from professional indemnity cover, you should also ensure that at all times, adequate public liability insurance and appropriate employer insurance, if relevant, are maintained.

22. DEBT COLLECTION

22.1 You should not use debt collecting agencies or institute legal proceedings to recover sums due until all other reasonable measures to obtain payment have been taken and ensure that if such methods are used, any information as needed is disclosed but only as necessary.

This code and the associated disciplinary codes are based on documents drawn up by the solicitor Paul Grant of BSG Solicitors, Finchley, London. However the text of the Codes is the responsibility of the CSTA. As far as possible the CSTA has ensured that any advice given here is within current legal guidelines. If however the law changes or in some other way a conflict arises between this Code and U.K. law then the law will always take precedence.

Related CSTA documents

The following documents describe related aspects of craniosacral practice, and are available to download from the CSTA website, www.craniosacral.co.uk, or from the CSTA Administrator 0844 700 2358.

Standards of Practice – the guiding principles and competencies for clinical practice of craniosacral therapy.

Safeguarding Vulnerable Clients – legal aspects, information, guidance and support for working with and protecting children and vulnerable adults.

Guide to Supervision – describes the CSTA's perspective on this important source of support for practitioners.

Data Protection Guidance for Practitioners

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