Association of Biodynamic Massage Therapists

CODE OF ETHICS

Introduction

This Code of Ethics aims to establish and maintain high standards of professional and ethical practice from ABMT members. It is also intended to support and protect our members, their clients, and the general public by acting as a framework for professional conduct, and as a resource for discussing ethical issues in supervision. All ABMT members should follow this Code of Ethics.

The Code does not replace codes of ethical and professional conduct for psychotherapists who use biodynamic massage in their client work. It is developed specifically for ABMT members who have successfully completed training to certificate level in biodynamic massage therapy, and are offering this to clients as a complementary therapy. Practitioners are reminded that they must also behave in ways that do not breach Common and Criminal law in the UK (and European laws if applicable).

ABMT members who are also members of CNHC are required to abide by their code of ethics, which can be found at:
https://www.cnhc.org.uk/uploads/asset/file/35/CodeofConductEthicsandPerformance.pdf

All ABMT members are required to be in ongoing clinical supervision. Please refer to our supervision policy for further information.

1. Duties to Clients

1.1 The practitioner has a primary duty to practice their skills to the best of their ability for the benefit of the client. The practitioner should be honest in written and verbal communication with clients and the general public about their competence to practice, the boundaries of biodynamic massage, and their level of training.

1.2 If advice or treatment is offered that falls outside the scope of biodynamic massage, this should be made clear. The practitioner should make explicit the capacity in which this is being offered, for example as an aromatherapist or reflexologist. Where the practitioner feels that the client's need would be better served by a different type of practitioner, they

should consider making a referral. Should a practitioner feel they do not have the clinical skills or experience to work with a particular client, this should be discussed in supervision, and then with sensitivity with the client in question. A referral to a practitioner with a more fitting skill set should then be made.

1.3 Practitioners should accommodate the values, customs and spiritual beliefs of clients, and should not discriminate on the basis of gender, sexual preference, race, ethnicity, age, HIV status, political or religious belief, class, social status, or disability. If a practitioner feels unable to work with a client from a particular demographic or minority group, they should explore the reasons for this in supervision. If after discussing in supervision, the practitioner still feels that they cannot work with the client, this should be discussed with the client with sensitivity and a referral made to another practitioner who would be a better fit.

1.4 A contract between the practitioner and client for biodynamic massage should include clear, unambiguous information about fees, appointment details, cancellation policy, data protection and GDPR compliance policy, method of payment, aspirations and intentions, informed consent, methods and level of treatment, likely duration, and process for finishing the contract. Any change in the agreed contract, such as a shift from massage to a psychotherapy contract, should be renegotiated and be consistent with the client's goals and expectations at the time of the review.

1.5 Ongoing consent is integral to the practice of biodynamic massage therapy. The practitioner should give the client information about the nature of the proposed treatment, such as body parts covered, stroke used etc, including some reasoning or rationale for what has been offered. The client has the freedom to accept or reject what is proposed, either before or after the treatment has begun, and the practitioner should make the client aware of this. The practitioner should seek informed verbal consent to work on certain parts of the body, such as high on the thigh, the buttocks, the chest around the breast tissue, front of hip near the genital area, and the stomach.

1.6 A practitioner has a duty to maintain a client's confidentiality. Information should only be given to a third party after due discussion and with the client's consent. Supervision must also be confidential, and identifiable biographical details like name and address should be avoided. Clients' records should be treated with the same respect, and practitioners should adhere to GDPR guidelines for storage and handling of personal data. Notes should be kept to help practitioners keep track of how the therapy is progressing. Clients have the right to see these notes on request, and so these should

be in a form that can be easily read by the client. These notes can also be subpoenaed by a judge in the case of a legal hearing. In addition to client notes, practitioners may wish to keep a reflective journal (which the client cannot request to see and cannot be subpoenaed).

1.7 Exceptions to the confidentiality principle are:

- Disclosures required by due process of the law such as an order of the court.
- Clients who become a danger to themselves or society.
- In the case of a practitioner's sudden death or incapacitation, the practitioner's clinical will would become activated. In these instances, a designated person, possibly a supervisor or fellow practitioner, should have secure access to a list of the practitioner's current clients and contact details so that clients can be informed of what has happened. As part of the clinical will, practitioners and will executors should agree the protocol for broaching the subject with clients, and what the executor is willing to offer, if anything, in terms of support (a phone call, a face-to-face meeting etc). All ABMT therapists are required to have a clinical will in place.

If required to break confidentiality in one of these circumstances, the client should ideally be told about this first, and the practitioner should discuss this with their supervisor, and if necessary seek the guidance of a solicitor.

2. Sexual boundaries and Personal Relationships

2.1 The practitioner should not use their position or the therapeutic relationship for personal gain, or to exploit the client financially, emotionally or practically. The practitioner is responsible for maintaining appropriate therapeutic boundaries. Practitioners must not have sexual contact with clients, or enter into sexual relationships with clients. If a high sexual charge occurs within a session, this should not be acted upon and should be discussed in supervision. If the sexual charge cannot be contained or worked with in a therapeutic way, termination of the contract should be considered and an onward referral made. After the ending of the therapeutic relationship, sexual relationships with former clients are strongly discouraged. Further guidance on this can be found in the Professional Standards Authority document at:
https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf

2.2 Practitioners have the right to refuse treatment to clients who make sexual comments or demands of them, or ask the practitioner to touch them in places that the practitioner

does not feel comfortable with. Practitioners should end a session if they feel unsafe with the client.

2.3 Beyond ad-hoc sessions, practitioners are discouraged from working with biodynamic massage on people they have existing sexual relationships with, such as partners or spouses.

2.4 If a practitioner starts seeing someone they know socially as a biodynamic massage client, social contact with that person should be minimised and, where possible, avoided completely. The suitability of the client should be discussed in supervision, and the necessary changes to the social relationship discussed with the potential client before starting.

2.5 Personal relationships with former clients are discouraged. However, if the practitioner and former client decide they would like to maintain a friendship after their clinical work has finished, this should be discussed with the practitioner's supervisor, including a suitable length of time for a 'cooling-off' period after the work has finished.

3. Presentation of Self, Premises and Equipment

3.1 A practitioner should ensure that their health and personal hygiene do not compromise their practice. A waterproof dressing should cover cuts and abrasions. Personal attire should be clean, well-maintained and suitable for professional practice. While in session with a client the practitioner should not eat, drink, or smoke. Practicing under the influence of alcohol, drugs or any other substance likely to affect judgement is considered unethical. Hands should be washed and dried thoroughly before and after any form of massage or touch therapy. Any items of jewellery worn should be removed if they could conceivably injure a client.

3.2 The therapy room used to see clients should take into account privacy, safety, cleanliness, adequate lighting, ventilation, warmth, and quietness. Ideally the room should be only used for therapy sessions, and not be accessible to other people when in use. Any stairways or communal areas leading to the room should be kept clean, clear and well lit. Local and national by-laws and fire regulations must be adhered to at all times.

3.3 A toilet with hand washing facilities, including a hot and cold-water supply, should be easily accessible for both practitioner and client. These should be clean and tidy, with toilet paper, soap, and hand towels available for client use.

3.4 All electrical equipment should be kept in good repair and serviced regularly. All massage couches should be clean and in good working order. Blankets, pillows and cushions should be cleaned regularly and in good condition. Paper roll and tissues should be disposed of appropriately.

4. Professional Relationships with Colleagues, the General Public and Other Professionals

4.1 A practitioner should direct any criticisms and complaints about fellow colleagues to the Association's committee.

4.2 Practitioners must not knowingly enter into a therapeutic relationship with a client whose doctor has stated that biodynamic massage would be contraindicated. If the client reveals that they are currently receiving medical treatment, the practitioner must review the appropriateness of biodynamic massage and discuss this with their supervisor. If at all unsure, practitioners should encourage the client to seek advice from their doctor. If a client is seeing a psychotherapist, the biodynamic massage practitioner should talk to the client about the importance of getting the psychotherapist's agreement to them receiving biodynamic massage.

4.3 If a practitioner suspects that a client is suffering from a medical condition, they should never give a medical diagnosis. The practitioner should discuss this with their supervisor and, where appropriate, advise the client to see their doctor, recording this action in their notes.

4.4 The practitioner must take care in advertising their services and make no claims to cure diseases or problems. It should draw attention in a dignified way to the therapy available, the qualifications of the practitioner, and the general intention of the work.

4.5 Practitioners must ensure that their professional practice is fully covered by substantial professional indemnity insurance. This is available through the ABMT or can be obtained individually from another source.

V1 April 1995

V2 June 2020

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