

**THE ASSOCIATION OF  
RATIONAL EMOTIVE  
BEHAVIOURAL  
THERAPISTS**



**AREBT PRACTITIONER CODE OF ETHICS  
AND REQUIRED STANDARDS OF CONDUCT AND  
PERFORMANCE IN THE PRACTICE OF RATIONAL EMOTIVE  
BEHAVIOURAL THERAPY**

**INTRODUCTION**

This code serves to establish and maintain standards of practice for REBT practitioners, as well as inform and protect clients seeking therapeutic counselling/psychotherapy services.

Albert Ellis the founder of REBT is credited with being the most influential psychologist of the 20<sup>th</sup> Century, the grandfather of cognitive behaviour therapy. Reflecting in 2001 "Cognitive Behaviour Therapy (CBT) is one of the youngest of today's popular psychotherapies, and I think I can immodestly say that I originated it in January 1955, under the names of Rational ~Therapy and Rational Emotive Therapy."

As you read this document you will note the 'commonalities' of ethics and standards with Cognitive Behavioural Therapy, leading AREBT and BABCP to have set up a joint Accreditation scheme for those skilled in REBT or RECBT

**As a Professional body AREBT** places the names of Professionally Trained Rational Emotive Cognitive Behaviour Therapists on its internal member therapist register. If accredited their details are also detailed on the joint AREBT/BABCP accredited list of RECBTers at [www.cbregisteruk.com](http://www.cbregisteruk.com)

This document is divided into two sections.

- Section one is written for members of the public to read an overview of the AREBT code of ethics and standards of practice required from its members.
- Section two is written for members of AREBT to review and agree to the standards of practice required of its members.

**Section one:**

**THE AREBT CODE OF ETHICS & STANDARDS OF PRACTICE REQUIRES THE FOLLOWING FROM ITS THERAPIST MEMBERS**

1. All information given to the client should accurately reflect the nature of

REBT and quantify the qualifications, training and experience of the Practitioner and must be accurately reflected in any advertising.

2. Practitioners must provide Membership details of their core professional association to whom they belong in order for clients to attain validation of the professional standing of the therapist and also to access an appropriate complaints procedure which should be clearly outlined to clients if they are dissatisfied with the practitioner's competence, behaviour or any other aspect of the helping relationship being undertaken.
3. Practitioners must also provide (to AREBT and any other relevant regulators and/or professional bodies) any important information about their conduct and competence. Overall practitioners must behave with honesty and integrity and make sure that their behaviour does not damage the public's confidence in them or their profession.
4. Practitioners should work in ways that will promote client autonomy and wellbeing and maintain respect for and dignity of the client. In other words practitioners must always act in the best interests of their clients and must keep accurate records.
5. Contracting for Psychotherapy or Counselling should include clear boundaries and conditions for the therapeutic relationship to flourish. Clients should be informed if records of Psychotherapy, Counselling are kept and what degree of access those clients and others have to them. In other words therapists must respect the confidentiality of their clients.
6. Practitioners should monitor and recognise their own limits of competence through such activities as consultative support, psychotherapy, counselling, supervision and client feedback. In other words therapists must communicate properly and effectively with their clients and other practitioners and most importantly must act within the limits of their knowledge, skills and experience and if necessary should refer the matter to another practitioner. They must limit their work or stop practicing if their performance or judgement is affected by their health.
7. Practitioners are to maintain high professional standards by keeping their professional knowledge and skills up to date. All accredited therapists must maintain 30 hours of Personal Continuing Professional Development per year and must receive clinical supervision on a monthly basis in order to maintain high standards of REBT/CBT assessment and practice. No practitioner should practise without regular consultative support and supervision.
8. Practitioners should work within the law and be aware of current legislation affecting the work of psychotherapists and counsellors
9. Practitioners using client information for case studies, research, publications, or other purposes, should seek client's informed consent. In

addition, it is important to disguise the clients' identities to the extent that they cannot be recognised by others unless the client has given consent for his or her identity to be known.

### **Additional Notes:**

When we say someone is 'fit to practice', we mean that they have the skills, knowledge, character and health to practice REBT/CBT safely and effectively.

We consider complaints about AREBT members from the public, employers, Professionals and other people and take action to protect the public.

If the member is registered with or a member of an organisation which either statutorily or voluntarily regulates that member, then we will refer any complaint to that organisation. For complaints about any other members these will be dealt with through the 'complaints and Disciplinary Procedures' of the AREBT.

When we consider a complaint about a member, we take account of whether the standards have been met when we decide whether we need to take any action to protect the public. We will also take account of any guidance or codes of practice produced by other professional bodies and organisations.

Where AREBT considers the complaint through its procedures, the outcome can include cautioning a member, placing conditions on their membership/registration, or, in the most serious cases, removing them from membership or suspending them from the Accreditation Register. Other regulatory bodies may additionally be able to suspend or remove them from practice.

### **Section two:**

## **MINIMUM TRAINING STANDARDS THERAPISTS MUST BE AWARE OF AND PRACTICE IN REBT AND RECBT**

### **Introductory Statement**

As a member of AREBT therapists are required to make sure that they are familiar with the minimum training standards and that they keep to them. When a therapist applies for membership or Accreditation as a REBT or RECBT practitioner, trainer or supervisor, they are asked to sign a declaration to confirm that they have read and will keep to the standards.

### **NOTES TO THERAPISTS:**

It is essential that you read and understand this document. If someone raises concerns about your practice, we will consider these standards (and our standards of Accreditation for accredited members) when we decide whether we need to take any action.

It is essential that you meet AREBT standards and are able to practise REBT/RECBT safely and effectively. We also want to make sure that you maintain high standards of personal conduct and do not do anything which might affect the public's confidence in you, the AREBT or any other profession to which you may belong. However, we do not dictate how you should meet our standards.

Each standard can normally be met in more than one way. The way in which you meet our standards might change over time because of improvements in technology or changes in your practice.

As an autonomous and accountable professional, you need to make informed and reasonable decisions about your practice to make sure that you meet the standards that are relevant to your practice. This might include getting advice and support from education providers, employers, your clinical supervisor, colleagues and other people to make sure that you protect the wellbeing of service users at all times.

Many AREBT members are also members of other professional bodies and will therefore be bound by codes of practice of those professions. AREBT recognises the valuable role other professional bodies play in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet their standards and those in this document.

It is expected that all members of AREBT approach their work with the aim of resolving problems and promoting the well-being of service users and will endeavour to use their ability and skills to their best advantage without prejudice and with due recognition of the value and dignity of every human being. If you make informed, reasonable and professional judgements about your practice, with the best interests of your service users as your prime concern, and you can justify your decisions if you are asked to, it is very unlikely that you will not meet our standards.

By 'informed', we mean that you have enough information to make a decision. This would include reading these standards and taking account of any other relevant guidance or laws. By 'reasonable', we mean that you need to make sensible, practical decisions about your practice, taking account of all relevant information and the best interests of the people who use or are affected by your services. You should also be able to justify your decisions if you are asked to.

Throughout these standards, we have used the term 'service user' to refer to anyone who uses or is affected by a member's services. Who your service users are will depend on how and where you work. For example, if you work in clinical practice, your service users might be your patients/clients. In some circumstances, your service users might be organisations rather than individuals. The term also includes other people who might be affected by your practice, such as carers and relatives.

**Minimum Training Standards has the aims of:**

1. Providing people seeking further training with the core standards they will be expected to meet within their overall training in cognitive and behaviour therapies.
2. Providing training courses with a guide to the training needs which will need be met by their training programme
3. Providing the joint Accreditation and Registration Committee (A&R) of AREBT/BABCP with a standard against which to decide if an applicant has received the desired Level of training necessary to practice
4. Providing employers with a benchmark of standards in Cognitive and Behaviour Therapies

#### **Basic requirements:**

5. All therapists are considered on an individual basis but they will usually have an approved basic professional qualification in an appropriate profession (e.g. psychology, psychiatry, nursing, counselling, occupational therapy, social work, education). They will usually be registered with a professional regulatory body and have undertaken a minimum period of two years post qualification training and experience.
6. Therapists being considered for accreditation will have sufficient experience in working in a therapeutic role with clients.
7. Therapists must be able to demonstrate personal qualities that make them suitable for the practice of rational emotive cognitive and behaviour therapy.
8. Therapists will be using rational emotive cognitive behaviour therapy in a systematic way as their main, or one of their main therapeutic models.

#### **Length of Training:**

9. Training, including Basic Professional Training and experience and relevant rational emotive cognitive behaviour therapy training will have been over at least a four year period.

#### **Theoretical and skills training:**

10. The period of training will include the acquisition of a critical understanding of the relevance of studies of human development, psychopathology, psychology, social issues and evidence based practice.
11. Specialist courses in a particular model of rational emotive cognitive behaviour therapy or in a specialist area of its application may focus on a specific area of interest. However, all therapists will have covered a minimum curriculum that will provide a broad based understanding of the theoretical basis of rational emotive cognitive behaviour therapies and their application across a range of problem areas.
12. Skills' training is an essential component of the acquisition of knowledge and experience and should not be less than 50% of a therapist's total training programme.

13. Theoretical knowledge and skills will have been acquired through structured teaching and self-directed study.
14. The minimum number of hours study required for the rational emotive cognitive behavioural elements of training is 450 hours of which 200 hours should be provided directly by recognised trainers through a recognised course or other programme of study.
15. A training log must specify the length of study, number of taught hours and a record of the lecturers, tutors or mentors participating in a therapist's training.
16. Therapists should achieve the skills to be able to understand and interpret research relevant to the outcome and effectiveness of cognitive and/or behaviour therapy.

### **Supervised Clinical practice**

17. Therapists will have conducted 200 hours of supervised assessment and therapy during training
18. All therapists will have received supervision during the period of training for both assessment and therapy, carried out by a rational emotive cognitive behaviour therapist who meets the AREBT/BABCP criteria for Accreditation.
19. Supervision will consist of regular feedback and discussion. Close supervision will involve the use of live, audio or video materials in supervision.
20. A minimum of 8 clients will be treated during the period of training from assessment to completion or termination of treatment before a therapist is regarded as having completed their training. These cases will cover at least 3 types of problems and three cases will have been closely supervised as defined above.
21. Details of supervised clinical practice and case mix will be recorded in a training log

### **Personal Development**

22. Therapists must ensure they can identify and manage appropriately their personal involvement in the process of rational emotive cognitive behaviour therapy.
23. Therapists must have developed an ability to recognise when they should seek other professional advice.

### **Accreditation of Rational Emotive Cognitive Behaviour Therapist**

24. To apply to be accredited by AREBT/BABCP as Rational Emotive Behavioural Therapist and a Cognitive Behavioural Psychotherapist, therapist's must: have two years' experience since qualification in their core profession; meet the Minimum Training Standards; maintain an agreed level of continuing professional development in rational emotive cognitive behaviour therapy; receive regular clinical supervision; and adhere to the AREBT and BABCP "Standards of Conduct,

### **Assessing minimum training standards**

25. Therapists are expected to demonstrate an understanding of the theoretical aspects of rational emotive cognitive behavioural therapy and its application by the production of a formal assessment essay, exam or research project.
26. An understanding of evidenced based practice should be evaluated by (i) the production of an extended case report that critically discusses the research evidence or (ii) a relevant research dissertation; or (iii) a research paper to which they have contributed published in a peer review journal.
27. Supervised practice will be subjected to formal assessment with four case studies written up (2000 – 4000 words).
28. The above assessments are usually required in most recognised post qualification rational emotive behavioural and cognitive behaviour therapy course. For candidates who are not pursuing a training route through such a course it is important that they agree an independent programme of study and assessment with a Rational Emotive Behavioural or Cognitive Behavioural Therapist who meets the AREBT/BABCP criteria for Accreditation.

### **As a REBT/RECBT Therapist you must act in the best interests of your clients by practicing the following standards**

1. You are personally responsible for making sure that you promote and protect the best interests of your service users. You must respect and take account of these factors when providing care or a service, and must not abuse the relationship you have with a service user, sexually, emotionally, financially or in other ways. Some RECBT interventions may involve you being with service users in social situations but you must still make a clear distinction between personal and professional relationships. If you are providing treatment on a private basis, you must make it clear to the service user at the outset what your fees are and the terms and conditions for you providing the treatment and the service user paying for it.
2. You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat them or the professional advice you give. You must treat service users with respect and dignity. If you are providing care, you must work in partnership with your service users and involve them in their care as appropriate.
3. You must not do anything or fail to do anything, or allow someone else to do anything that you have good reason to believe will put the health or safety of a service user or others in danger. This includes both your own actions and those of other people. You should take appropriate action to protect the rights of children and vulnerable adults if you

believe they are at risk, including following national and local policies.

4. You are responsible for your professional conduct, any care or advice you provide, and any failure to act. You are responsible for the appropriateness of your decision to delegate a task. You must be able to justify your decisions if asked to.
5. You must protect service users or others if you believe that any situation puts them in danger. This includes the conduct, performance or health of a colleague. The safety of service users and others must come before any personal or professional loyalties at all times. As soon as you become aware of a situation that puts a service user or someone else in danger, you should discuss the matter with your clinical supervisor, a senior colleague or another appropriate person.

**You must maintain high standards of REBT/CBT assessment and practice.**

1. You must ensure that any intervention procedures adopted will be based upon evaluation and assessment of the service user and the environment. You must also strive to ensure that any assessments/treatments will be in the best interests of the service user.
2. You must always be able to justify assessments/treatments by utilising the available evidence in the public domain.
3. You must plan and implement assessments/treatments in such a way that effectiveness can be evaluated.
4. You must discuss and agree the aims and goals of assessments/treatments with service users at the outset and these may be renegotiated, terminated or a referral made to another worker at the request of either party if the goals are not being met after a reasonable period of time or if they later appear to be inappropriate.
5. If a service user is asked to be tested or interviewed as part of a research project, you must ensure that you follow the guidelines of any relevant Mental Capacity laws and any other relevant guidance.

**You must respect the confidentiality of service users.**

1. You must treat information about service users as confidential and use it only for the purposes for which they have provided it. You must not knowingly release any personal or confidential information to anyone who is not entitled to it, and you should check that people who ask for information are entitled to it.
2. You must only use information about a service user to continue to care for that person; or for purposes where that person has given you



specific permission to use the information. Such specific permission should be sought for:

- information made available for the purpose of research
  - the service user is presented to an individual or group for teaching or supervision purposes and it is made clear that refusal would have no implication for intervention.
  - a video tape, film or other recording is made and consent specifies whether the recording may be shown to; (a) other professionals; (b) students; (c) the lay public.
3. If an intervention is being published, details of service users are restricted to the minimum required for describing the intervention.
  4. You must also keep to the conditions of any relevant data-protection laws and always follow best practice for handling confidential information. Best practice is likely to change over time, and you must stay up to date.

**You must keep high standards of personal conduct.**

1. You must keep high standards of personal conduct, as well as professional conduct. You should be aware that poor conduct outside of your professional life may still affect someone's confidence in you and your profession.

**As a REB/CB therapist you must provide (to us and any other relevant regulators and/or professional bodies) any important information about your conduct and competence.**

1. You must tell us (and any other relevant regulators/professional bodies) if you have important information about your conduct or competence, or about other therapists and health professionals you work with. In particular, you must let us know straight away if you are:
  - convicted of a criminal offence, receive a conditional discharge for an offence, or if you accept a police caution;
  - disciplined by any organisation responsible for regulating or licensing a healthcare or social care profession; or
  - suspended or placed under a practice restriction by an employer or similar organisation because of concerns about your conduct or competence.
2. You should cooperate with any investigation or formal inquiry into your professional conduct, the conduct of any other healthcare provider or the treatment of a service user, where appropriate. If anyone asks for

relevant information in connection with your conduct or competence, and they are entitled to it, you should provide the information.

We can take action against you if you are convicted of a criminal offence or have accepted a police caution. We will always consider each case individually to decide whether we need to take any action to protect the public.

However, we will consider dismissal from the Association if you are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour.

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs illegally
- Child pornography
- Offences involving dishonesty
- Offences for which you received a prison sentence

This is not a full list. We will always look at any convictions or cautions we find out about.

### **You must keep your professional knowledge and skills up to date.**

1. You must make sure that your knowledge, skills and performance are of a good quality, up to date, and relevant to your scope of practice.
2. You must be capable of meeting the standards of proficiency that apply to your scope of practice. We recognise that your scope of practice may change over time.
3. We acknowledge that members work in a range of different settings, including education, research and clinical practice. You need to make sure that whatever your area of practice, you are capable of practicing safely and effectively. This and your professional development should be facilitated through the receipt of regular clinical supervision from an appropriately qualified and experienced person.
4. AREBT/BABCP sets standards for continuing professional development and clinical supervision which REBT/CBT practitioners should meet. If you are accredited with us, these standards link your learning and development and your clinical supervision to your continued accreditation. You also need to meet these standards.

### **You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.**

1. You must keep within your scope of practice. This means that you should only practise in the areas in which you have appropriate

education, training and experience. We recognise that your scope of practice may change over time.

2. When accepting a service user, you have a duty of care. This includes the duty to refer them for further treatment if it becomes clear that the task is beyond your own scope of practice. If you refer a service user to another practitioner, you must make sure that the referral is appropriate and that the service user understands why you are making the referral.
3. In most circumstances, a person is entitled to be referred to another practitioner for a second opinion. In these cases, you must accept the request and make the referral as soon as you can.
4. If you accept a referral from another practitioner, you must make sure that you fully understand the request. You should only provide the treatment if you believe that this is appropriate. If this is not the case, you must discuss the referral with the practitioner who made the referral, and also the service user, before you begin any treatment or provide any advice.

**You must communicate properly and effectively with service users and other practitioners.**

You must take all reasonable steps to make sure that you can communicate properly and effectively with service users. You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users.

**You must effectively supervise tasks you have asked other people to carry out.**

- 9.1 People who consult you or receive treatment or services from you are entitled to assume that a person with appropriate knowledge and skills will carry out their treatment or provide services. Whenever you delegate tasks to another person to carry out on your behalf, such as to a trainee or assistant, you must be sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of practice.
- 9.2 You must always continue to give appropriate supervision to whoever you ask to carry out a task. You will still be responsible for the appropriateness of the decision to delegate. If someone tells you that they are unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, you must not force them to carry out the task anyway. If their refusal raises a disciplinary or training issue, you must deal with that separately, but you should not put the safety of the service user in danger.
- 9.3 The supervision referred to in this section does not apply to situations where you have referred the service user to another practitioner as in section 7 above. Nor does it apply to clinical supervision you may be

providing to colleagues working with other service users.

**You must get informed consent to give treatment (except in an emergency).**

1. You must explain to the service user the treatment you are planning on carrying out, the aims, rationale, risks involved and any alternative treatments. You must also explain if you see a service user only for evaluative or diagnostic procedures. If the treatment is experimental rather than established and proven, you must also explain this to the service user before consent is sought. You must make sure that you get their informed consent to any treatment you do carry out. You must make a record of the person's decisions for treatment and pass this on to other members of the healthcare or social care team involved in their care.
  2. In emergencies, you may not be able to explain treatment, get consent or pass on information to other members of the healthcare or social care team. However, you should still try to do all of these things as far as you can and obtain retrospective consent as soon as practicable.
  3. It is understood that consent to treatment is an on-going process which places emphasis upon the service user's role in the continual evaluation of the treatment.
  4. For service users unable to give informed consent, you must ensure that you conform to the requirements of any relevant Mental Capacity laws and other relevant guidance.
  5. A person who is capable of giving their consent has the right to refuse treatment. You must respect this right. You must also make sure that they are fully aware of the risks of refusing treatment, particularly if you think that there is a significant or immediate risk to their life or the lives of others. You must give full consideration to Standard 1 of this document regarding a service user or other persons who may be in danger and you must ensure that you conform to the requirements of any relevant Mental Health laws and any other relevant guidance".
- 10.1 You must keep to your employers' procedures on consent and be aware of any guidance issued by the appropriate authority in the country in which you practise.

**You must keep accurate records.**

1. Making and keeping records is an essential part of care and you must keep records for everyone you treat or who asks for your advice or services. You must complete all records promptly. If you are using paper based records, they must be clearly written and easy to read,

and you should write, sign and date all entries.

2. You have a duty to make sure, as far as possible, that records completed by students under your supervision are clearly written, accurate and appropriate. Whenever you review records, you should update them and include a record of any arrangements you have made for the continuing care of the service user.
3. You must protect information in records from being lost, damaged, accessed by someone without appropriate authority, or tampered with. If you update a record, you must not delete information that was previously there, or make that information difficult to read. Instead, you must mark it in some way (for example, by drawing a line through the old information).

**You must deal fairly and safely with the risks of infection.**

1. You must not refuse to treat someone just because they have an infection. Also, you must keep to the rules of confidentiality when dealing with people who have infections. For some infections, such as sexually transmitted infections, these rules may be more restrictive than the rules of confidentiality for people in other circumstances. Confidentiality was discussed in more detail earlier in this document.
2. You must take precautions to protect your service users and yourself from infection as appropriate to the treatment you are carrying out. In particular, you should protect your service users from infecting one another. You must take precautions against the risk that you will infect someone else.
3. This is especially important if you suspect or know that you have an infection that could harm other people. If you believe or know that you may have this kind of infection, you must get medical advice and act on it. This may include the need for you to stop practicing altogether, or to change your practice in some way in the best interests of protecting your service users.

**You must limit your work or stop practicing if your performance or judgment is affected by your health.**

You have a duty to take action if your physical or mental health could be harming your fitness to practice. You should get advice from a consultant in occupational health or another suitably qualified medical practitioner and act on it. This advice should consider whether, and in what ways, you should change your practice, including stopping practicing if this is necessary.

**You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession.**

You must justify the trust that other people place in you by acting with

honesty and integrity at all times. You must not get involved in any behaviour or activity which is likely to damage the public's confidence in you or your profession.

**You must make sure that any advertising you do is accurate.**

1. You must not refer to your membership of AREBT/BABCP in advertising or elsewhere to imply any professional status or qualification unless you are accredited by AREBT or BABCP as a Rational Emotive Behavioural and/or Cognitive Behavioural Psychotherapist.
2. Any advertising you do in relation to your professional activities must be accurate. Advertisements must not be misleading, false, unfair or exaggerated. In particular, you should not claim your personal skills, equipment or facilities are better than anyone else's, unless you can prove this is true.
3. If you are involved in advertising or promoting any product or service, you must make sure that you use your knowledge, skills and experience in an accurate and responsible way. You must not make or support unjustifiable statements relating to particular products. Any potential financial reward should not play a part in the advice or recommendations of products and services you give.

**Updated 2011 by Honorary Fellow Irene Tubbs**