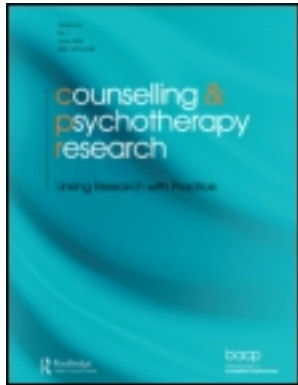


This article was downloaded by: []

On: 02 February 2012, At: 08:42

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Counselling and Psychotherapy Research: Linking research with practice

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/rcpr20>

Allegations of serious professional misconduct: An analysis of the British Association for Counselling and Psychotherapy's Article 4.6 cases, 1998-2007

Clare Symons^a, Suky Khele^b, Jack Rogers^b, Judith Turner^a & Sue Wheeler^a

^a Institute of Lifelong Learning, University of Leicester, Leicester, UK

^b British Association for Counselling and Psychotherapy, Lutterworth, UK

Available online: 24 May 2011

To cite this article: Clare Symons, Suky Khele, Jack Rogers, Judith Turner & Sue Wheeler (2011): Allegations of serious professional misconduct: An analysis of the British Association for Counselling and Psychotherapy's Article 4.6 cases, 1998-2007, *Counselling and Psychotherapy Research: Linking research with practice*, 11:4, 257-265

To link to this article: <http://dx.doi.org/10.1080/14733145.2010.519044>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Allegations of serious professional misconduct: An analysis of the British Association for Counselling and Psychotherapy's Article 4.6 cases, 1998–2007

CLARE SYMONS¹*, SUKY KHELE², JACK ROGERS², JUDITH TURNER¹, & SUE WHEELER¹

¹*Institute of Lifelong Learning, University of Leicester, Leicester, UK, and* ²*British Association for Counselling and Psychotherapy, Lutterworth, UK*

Abstract

Background: A three-stage independent audit of complaints made to the British Association for Counselling and Psychotherapy was conducted. The second stage is discussed in this paper. *Primary objective:* This project set out to examine complaints made under the Article 4.6 process, which allows the Association to respond swiftly to serious allegations of misconduct. The main aim was to gain a detailed picture of who complains, who is complained against, and the outcomes of such complaints. *Method:* Information from these cases was entered into a database to produce descriptive statistics. *Main outcomes and results:* A total of 91 cases covering the period from 1998–2007 were identified. Figures have been combined with totals from the first stage of the audit and show that the total number of complaints received represents less than two complaints for every 1000 members per year. *Conclusions:* Male members of the Association are over-represented in the complaints and the majority of complaints are brought by people who are themselves involved in counselling. Further research into complaints made to other UK counselling and psychotherapy organisations is recommended as is research examining what prevents members of the public from making complaints.

Keywords: complaints; ethics; malpractice; misconduct; professional conduct

Introduction

Malpractice and complaints in counselling and psychotherapy are neglected areas for research (Khele, Symons, & Wheeler, 2008). A lack of research evidence fosters misinformation, fear and recriminations. Arguments against the statutory regulation of psychological therapies include comments that there is no evidence of professional misconduct in sufficient numbers to warrant such a move (House, 2009; Mowbray, 1999). Similarly, the lack of research in this area leaves professional organisations open to criticisms of a lack of accountability, and fosters concerns based upon anecdotal evidence that allegations against therapists are not responded to seriously (Richardson et al., 2008; Sands, 2000). Finally, a dearth of clear facts about complaints in practice fuels fears among practitioners about the potential risks of having a

complaint brought against them ('Chris', 2001). This paper takes the view of Van Horne (2004) that such fears are unsurprising when evidence is scant and stakes are high, but that research which can start to contribute to the knowledge base can ease those fears and provide a sturdier platform for discussion.

In the United States, the Ethics Committees of the American Psychological Association (APA) and the American Counseling Association (ACA) publish annual reports of complaints received, and outcomes (see APA, 2009; Sanabria & Freeman 2008). These reports provide overviews of the number of complaints considered, but their purpose is not research and only limited conclusions can be drawn from them as they do not include details of, for example, who complainants are or how the numbers of complaints relate to the numbers of practitioners.

*Corresponding author. Email: cms49@le.ac.uk

A small number of exploratory research studies examined complaints made against licensed counsellors in the US (Herlihy, Healy, Cook, & Hudson, 1987; Neukrug, Healy, & Herlihy, 1992; Neukrug, Milliken, & Walden, 2001) and certified addiction counsellors (St Germaine, 1997), and complaints made against members of the Israel Psychologists Association (Sheffler & Achmon, 2004). While these studies offer interesting insights into the numbers of complaints made, they do not give information about the proportions of practitioners that these totals represent. The rate of complaints calculated as a proportion of therapists is given only in one study regarding complaints made to psychology licensing boards in the US and Canada (Van Horne, 2004). These state that complaints were filed against approximately 2% of practitioners and disciplinary action was taken against .13%.

In the UK, professional organisations such as the British Association for Counselling and Psychotherapy (BACP) publish information about upheld complaints and sanctions, but detailed reports of the numbers of complaints remains scarce. BACP has published a brief statistical summary of complaints (Griffin, 2004). Similarly, a report from the Professional Conduct Board and Investigatory Committee of the British Psychological Society (BPS) (Tanis & O'Rourke, 2008) presents limited but recent information about the numbers, nature and outcomes of complaints. The Health Professions Council (HPC), which might become the regulatory body for counselling and psychotherapy in the UK, produces an annual fitness to practise report (HPC, 2009) that details numbers, rates and outcomes of complaints received within the health professions that it currently regulates, highlighting that complaints were made against .26% of its registrants in 2008.

As there has been no previous systematic research into formal complaints made to professional counselling bodies in the UK, an exploratory study to determine the numbers of complaints, who complains, who is complained against, and the nature and outcomes of those complaints is of value to professional organisations, as well as practitioners and members of the public. Permission was sought from BACP to conduct an audit of their complaints, and in 2006 the project was approved. The project comprised three stages: analysis of the Professional Conduct Procedure cases (previously discussed in Khele et al., 2008); analysis of the Article 4.6

procedure cases (the subject of this paper); and a limited qualitative analysis of the nature of complaints made (forthcoming paper).

The Article 4.6 process

Article 4.6 of the BACP Memorandum and Articles of Association (BACP, 2007) exists in order that the organisation can swiftly address serious allegations of malpractice, such as abuse of clients, or cases where a member's actions could bring counselling or psychotherapy into disrepute. The process allows the organisation to take action quickly upon receipt of an allegation of this nature. A summary of the A4.6 process follows and is illustrated in Figure 1, along with numbers of cases at each stage of the process. Detailed procedural information is available in the Memorandum and Articles of Association (BACP, 2007).

Initial telephone enquiries to BACP are responded to by the Professional Conduct Department which provides information about the complaints procedures. Most complaints are considered under the Professional Conduct Procedure (PCP), but serious allegations of misconduct, such as exploitation or abuse of clients, are considered under the A4.6 process.

As with PCP cases, the complaint might be raised by a client of the member complained against (MCA) but, in contrast to the PCP, the A4.6 process also allows for a third party such as a client's partner or the MCA's employer to raise a complaint. In addition, some A4.6 cases may not have a direct complainant, but may be brought by the Association acting on information from public sources such as newspaper articles. The information that makes up the allegation is passed to an A4.6 panel for consideration and the MCA is notified, although they are not expected to respond at that stage. The A4.6 panel is made up of three people, usually two members of BACP and one lay person. In contrast with the PCP hearings, this panel does not meet with the complainant/notifier, or with the MCA. The panel considers the evidence and decides whether the information is of sufficient seriousness to warrant immediate suspension of membership, whether further investigation is required, or whether A4.6 needs to be invoked.

When invoking A4.6, the panel indicates one or more reasons for this decision, such as 'Bringing counselling into disrepute' or 'Member

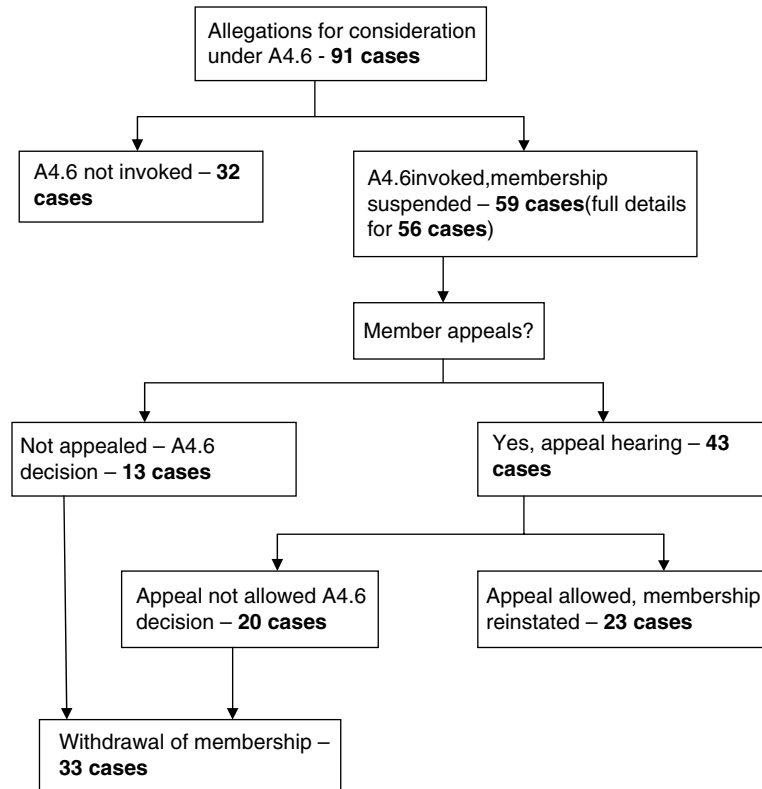


Figure 1. Article 4.6 process.

misrepresenting their status.’ The complete list of reasons is listed in Table III, along with figures for each. Once the panel has reached a decision, the MCA is notified of the outcome. If A4.6 has been invoked, membership is suspended and the MCA is invited to appeal against this decision within 28 days, stating their case in writing. If no appeal is made, the MCA is notified that their membership is terminated and this is published in the Association’s membership journal *Therapy Today* and online at the BACP website.

When an appeal is made the case is heard by an appeal panel, constituted of three people (usually two BACP members and one lay person), none of whom were involved in the original A4.6 panel. The MCA attends the appeal hearing and may bring a representative with them. The panel considers the evidence and submissions from the MCA before arriving at a decision. The MCA is notified of the outcome of the appeal within 28 days of the hearing. The appeal panel may accept the appeal and reinstate the MCA’s membership or deny the appeal and withdraw membership, in which case the decision is made public in *Therapy Today* and online. The decision of the appeal panel is final.

Method

Procedure

All A4.6 cases with an existing hard copy document record held at BACP premises were examined, including archived and recent cases that had completed the full A4.6 process, up to the time of the project (November 2007). Archived material was available for cases dating back to 1998. Ongoing cases were not included in the project.

Cases were examined and information entered into a database developed for the analysis of the PCP cases (Khele et al., 2008) and modified to reflect the differences in the two processes. Information recorded and analysed was as follows:

- Information about the complainant or notifier, including gender, and whether the complaint was as a result of a direct relationship with the MCA or a third party complaint.
- Information about the MCA, including gender, accredited status, their role as counsellor, supervisor or trainer, and theoretical orientation.
- Reasons recorded by the panel for invoking A4.6.
- Details and outcomes of any appeal.

- Significant dates in the process and duration of cases from receipt of complaint to hearing, appeal and closure.

Information was not available under every heading for every case, but all available information was recorded and analysed using Excel software to produce descriptive statistics.

Ethical considerations

Research involving complaints material that contains highly sensitive and confidential information regarding complainants and members complained against requires robust ethical thinking. The University Ethics Committee granted approval for the project, and the project was agreed to by BACP only after its parameters were clearly defined and procedures were agreed to ensure confidentiality. Consent to use the complaints material has not been sought from complainants or members complained against, as making contact about closed cases was considered intrusive.

It is not ideal to conduct research without the consent of those involved, but this limitation has informed both the design and the scope of the project. The complaints cases have been used only to produce anonymous, numerical data. In addition, access to the complaints cases was limited to BACP staff and a small team of independent researchers, each of whom signed a strict undertaking of confidentiality. Finally, all material from the research was further scrutinised to ensure anonymity prior to dissemination in the public domain.

Findings

Combined findings of both the PCP and A4.6 cases are presented, followed by the detailed analysis of the A4.6 cases alone.

The total number of PCP and A4.6 cases identified in the project was 233, comprising 142 PCP cases from 1996 to 2006 and 91 A4.6 cases. The numbers of cases identified in the early years of the project are likely to be incomplete, due to the destruction of records seven years after case closure, meaning that only records for cases of lengthy duration survive. The numbers of cases in the final two years of each stage of the project are also incomplete as this research examined only complete cases, and did not include any ongoing complaints. The total numbers of complaints received each year were compared with total BACP membership figures each year in order to calculate the rate of complaints, shown in Table I, along with corresponding rates of complaints for PCP and A4.6 cases. Years with incomplete records are shown in *italics* and these figures are excluded.

The rate of total complaints received as a percentage of membership ranges from .076% (2002) to .172% (2000), with a standard deviation (*SD*) of .037. The highest value represents an incidence of less than two complaints for every 1000 members per year. The rate of PCP complaints received compared against membership ranges from .030% (2002) to .122% (2004), and the *SD* is .032, while the rate of A4.6 complaints ranges from .029% (2005) to .066% (2001), and the *SD* is .012, demonstrating that the rates of complaints against

Table I. Complaints received compared with membership.

Year	Total membership	Total complaints		PCP cases		A4.6 cases	
		No.	%	No.	%	No.	%
1996		<i>1</i>		<i>1</i>			
1997	15,181	9	.059	9	.059		
1998	16,333	10	.061	9	.055	1	.006
1999	17,113	26	.151	16	.093	10	.058
2000	17,373	30	.172	20	.115	10	.057
2001	18,097	22	.121	10	.055	12	.066
2002	19,808	15	.076	6	.030	9	.045
2003	21,688	22	.101	13	.060	9	.042
2004	22,949	38	.166	28	.122	10	.044
2005	24,354	24	.099	17	.070	7	.029
2006	26,202	18	.067	2	.008	16	.061
2007	28,112	7	.025			7	.025
		<i>SD</i>	.037	<i>SD</i>	.032	<i>SD</i>	.012

membership have remained consistent over the period of this study.

The total number of upheld PCP and A4.6 cases was 93, comprising 64 PCP cases and 29 A4.6 cases. For the purposes of this analysis, 'upheld' here refers to the final decision at closure of the case, rather than any cases that were initially upheld but then overturned after appeal.

When compared against membership figures per year, excluding incomplete data years as above, the combined rate of upheld complaints ranges from .012% (2005) to .072% (2003), with an *SD* of .024. A detailed breakdown of this information is shown in Table II. The peak value represents an incidence of slightly more than one upheld complaint for every 1500 members. The rate of upheld PCP complaints ranges from .008% (2005) to .051% (2003), although the incomplete figures for 1997 give a higher rate still of .059%. The rate of A4.6 complaints ranges from .004% (2005) to .046% (2000). The *SDs* for PCP (.019) and A4.6 (.014) rates reveal that both have remained relatively consistent throughout the period examined in this study.

Detailed A4.6 findings

These findings are summarised in Figure 1 below.

A total of 91 complete A4.6 cases considered by an A4.6 panel between 1998 and 2007 were identified. As previously stated, it is likely that this number does not represent the total number of A4.6 cases considered by BACP over this period as early cases of brief duration will have passed the date for destruction of records by the time of the project.

Of these 91 cases, 32 (35.16%) did not have A4.6 invoked. These cases were not examined in the descriptive statistics that follow. Of the remaining 59 cases where A4.6 was invoked, there were incomplete paper records for three so these have also not been included in the analysis, leaving a total of 56 cases that have been examined as part of this research.

Of the 56 cases where A4.6 was invoked, 43 (76.79%) appealed against the decision. In 23 of these appealed cases, the appeal was upheld and membership reinstated (53.49%). This gives a total of 33 upheld cases where membership was terminated, comprising 13 cases where the initial decision was not appealed and 20 cases where an appeal against A4.6 was denied.

Members complained against

Of the 56 cases, 41 included information regarding the nature of the work conducted by the MCA giving rise to the complaint. In 33 cases, (80.49%), MCAs were working as counsellors, three (7.32%) were trainee counsellors and five (12.20%) were counselling trainers. No A4.6 cases were brought against members in the capacity of counselling supervisor.

Forty-eight cases (85.71%) were brought against individual members and the remaining eight (14.29%) against organisational members. Membership figures obtained from BACP show that over the period covered by this project, organisational members represented 5.51% of the total membership in 1997, falling to 4.11% in 2007, demonstrating that a disproportionate amount of complaints

Table II. Complaints upheld compared with membership.

Year	Total membership	Total upheld complaints		Upheld PCP cases		Upheld A4.6 cases	
		No.	%	No.	%	No.	%
1996		0		0			
1997	15,181	9	.059	9	.059		
1998	16,333	8	.049	8	.049	0	
1999	17,113	9	.053	8	.047	1	.006
2000	17,373	10	.058	2	.012	8	.046
2001	18,097	12	.066	7	.039	5	.028
2002	19,808	4	.020	2	.010	2	.010
2003	21,688	16	.072	11	.051	5	.023
2004	22,949	15	.065	10	.043	5	.022
2005	24,354	3	.012	2	.008	1	.004
2006	26,202	7	.027	1	.004	6	.023
2007	28,112	0					
		<i>SD</i>	.024	<i>SD</i>	.019	<i>SD</i>	.014

have been brought against organisational members in this time.

Of the 48 individual members complained against, 22 (45.83%) were male and 26 (54.17%) were female. It has not been possible to obtain accurate figures from BACP about the gender split of the membership over the entire period that this project covers, but from available figures it appears that at its highest, male members have represented 16.56% of the total membership, suggesting that men are disproportionately represented among MCAs.

Among the 48 individual MCAs, data regarding their accreditation status were not available for nine cases, while the remaining figures showed that nine MCAs (23.07%) were accredited and 30 (76.92%) were not. According to BACP figures, the proportion of accredited members has increased from 10.91% in 1997 to 26.51% in 2007, broadly in line with the A4.6 figures, although these numbers are small.

Information regarding the theoretical orientation of the MCA was available for six cases only, an insufficient number for analysis.

Complainants/notifiers

Information about complainants' gender was available in 33 cases, where eight (24.24%) were male and 25 (75.76%) were female. Information about whether the complainant was a member of BACP was available in 25 cases. Of these, three (12.00%) were members and 22 (88.00%) were not.

The relationship of the complainant to the MCA was available in 47 cases and was recorded in order to determine the proportion of third party complaints (not possible under the PCP). Of the cases where information was available, 16 (34.04%) were notified by third parties, 13 (27.66%) of whom had a personal relationship (such as a family member or friend) with the MCA's ex-client, while three (6.38%) had a professional relationship with the MCA's ex-client. Nine ex-clients (19.15%) brought complaints and seven cases (14.89%) were brought by the MCA's ex-employer when the MCA had been sacked for misconduct. In other cases, the complaint was notified by a trainee (three cases, 6.38%), an ex-employee of the MCA (two cases, 4.26%), and by the MCA themselves (three cases, 6.38%). In two cases (4.26%) the relationship of the notifier to the MCA was known but could not be classed in any of these categories. Three cases (6.38%) were brought

by BACP in response to information in the public domain.

Of the 56 cases where A4.6 was invoked, details about the profession of the notifier were available in 47 cases. Three (6.38%) were counselling trainees, 15 (31.91%) were counsellors, supervisors or trainers (cases where BACP acted to bring the complaint were included in this group), eight (17.02%) were from related professions such as counselling psychology. The 21 remaining notifiers where information about their profession was available were classed as 'lay people' for the purposes of this project (44.68%), suggesting that lay people are under-represented in bringing complaints of this kind.

Reasons for invoking A4.6

The reasons indicated by the panel for invoking A4.6 were entered into the database and examined. In many cases, multiple reasons were stated and each was recorded for analysis, resulting in a total of 140 reasons for 56 cases. The most common reason was 'bringing counselling into disrepute' with 35 cases (25.00%), closely followed by 'bringing BACP into disrepute' and 'a serious breach of BACP's Ethical Framework' which were each indicated in 31 cases (22.14% each). Full details of reasons indicated and total cases for each are given at Table III.

Table III. Reasons for invoking A4.6.

Reason for invoking A4.6	Number of cases
Bringing BACP into disrepute	31
Bringing the reputation of counselling/psychotherapy into disrepute	35
Bringing BACP's private business into the public domain	5
Impeding the legitimate activities of BACP	2
MCA misrepresenting their membership status	12
Serious breach of the Ethical Framework	31
Member has not, or will not, work to BACP's Ethical Framework	24

Duration of cases

Where relevant dates were available in the written records, the duration of cases was calculated from receipt, through milestones in the process to closure of case. Of the 93 complaints considered by an A4.6 panel, 45 included sufficient information to calculate

the duration from receipt to the panel decision. The duration of these cases ranged from one week to 30 weeks, while the mean was calculated as 8.13 weeks. Of the 43 cases that proceeded to an appeal, duration information was available for 26 cases. The duration of these cases from receipt to appeal hearing ranged from 11 weeks to 47 weeks, with a mean duration of 21.85 weeks.

Discussion and recommendations

The limitations of this research in terms of lack of explicit consent from those involved and incomplete records, particularly in terms of information regarding the theoretical orientation of the MCAs, were also found in the PCP audit and resulted in recommendations discussed in that paper (Khele et al., 2008).

At its highest value, the rate for the combined PCP and A4.6 cases received is 0.172% in 2000, representing an incidence of less than two complaints for every 1000 members. Without similar figures from other UK professional counselling and psychotherapy bodies it is impossible to know whether this figure is comparably high or low. Similar calculations are available in the Van Horne study (2004), which examined complaints to psychologist licensing boards in the US and Canada and which found that complaints were filed against approximately 2% of licensees. In the UK, the HPC's figures (HPC, 2009) regarding complaints against registrants in the health professions that it regulates, show that the number of fitness to practice cases received in 2008–09 represents .26% of registrants. Similar differences are observed in the figures for upheld complaints with the highest rate for the combined BACP upheld complaints representing .072% cases, while the Van Horne study reports disciplinary action in .13% of cases. The HPC report does not give a figure for a rate of upheld cases, but does state that striking someone off the register – the most severe of a range of sanctions – represented .03% of registrants.

While it is not possible to draw direct comparisons between the studies due to the different populations and complaints procedures, it is striking that the BACP figures are considerably lower, but interpreting the reasons for this is difficult. On the one hand, the figures might be accounted for by suggesting that the prevalence of malpractice among BACP members is lower than in these other professional bodies. If the prevalence of malpractice is assumed to be of a similar level across these

professions, however, the difference in these figures might be accounted for by the lack of statutory regulation in the UK, allowing practitioners to practise counselling and psychotherapy without necessarily being a member of a professional body. Future audits of BACP complaints would allow for trends to be identified. Similar audits or detailed reports from other UK professional counselling and psychotherapy organisations would also contribute valuable data for comparison.

The gender split of MCAs in the A4.6 cases of 45.83% male and 54.17% female, demonstrating a considerable over-representation of men in these cases and compares with 33% male and 67% female MCAs in the PCP cases (Khele et al., 2008). Similarly, the HPC figures (HPC, 2009) demonstrate that complaints were brought against 59% male and 41% female registrants, when men represented 24% of the total register. The reasons for this over-representation are unclear, although it is also supported by figures from research into sexual boundary violations by health professionals (Halter, Brown, & Stone, 2007), and further research would be required to shed light on this.

The professional status of the notifier of the complaint, with lay people or members of the public representing 44.68%, compares with 43% of complaints against counsellors brought by lay people in the PCP complaints (Khele et al., 2008). Similar figures are available in other reports and research studies. The BPS report shows that 43% of complaints against psychologists were brought by clients (Tanis & O'Rourke, 2008), although it is not clear whether 'clients', in this instance, refers only to members of the public or includes therapists or trainees who may be using the professional services of a psychologist. In contrast, figures in the HPC report (HPC, 2009) show that 23% of complaints are brought by members of the public, although a further 13% of cases are brought by the HPC and include cases where anonymous allegations are made.

While the BACP figures suggest that members of the public are underrepresented in the complaints made, the BPS and HPC figures suggest that BACP compares favourably in terms of members of the public coming forward with concerns about their experiences. This does not answer the question of why some members of the public do not come forward to complain when they have experienced poor or harmful therapy, however, and this has

formed the focus of further research emerging from this project.

Findings regarding reasons why A4.6 was invoked by the panel do not allow for comparison with other studies as the statements are very specifically related to BACP. These broad descriptions also do not provide sufficient information about the nature of the misconduct that could inform practice. For this reason, the final stage of the audit involved a limited qualitative analysis of the nature of both PCP and A4.6 cases.

The duration of complaints in this project shows that, on average, cases took 8.13 weeks from receipt to panel hearing and those cases that were appealed took an average of 21.85 weeks from receipt to closure. Information about duration of cases is not available in many other research reports, although it is included in the HPC report (2009), which shows that the average length of time from receipt to investigating panel is seven months, and average duration from receipt to final hearing is 18 months; considerably longer than the BACP figures. Details of the durations of interim orders, which allow the HPC to act more quickly in cases of more serious allegations and which, therefore, might be more comparable with the A4.6 process, are not given.

The audit project provides a starting point for a more informed discussion of complaints policy that can contribute to the development of policy and influence professional practice.

Acknowledgements

The authors would like to thank staff of the Professional Conduct Department at BACP for their kind assistance with this project.

References

- American Psychological Association (APA). (2009). Report of the Ethics Committee 2008. *American Psychologist*, 64(5), 464–473.
- British Association for Counselling and Psychotherapy (BACP). (2007). Memorandum and Articles. Retrieved March 3, 2010, from http://www.bacp.co.uk/join_bacp/memorandum_articles.php#q1
- 'Chris' (2001). 'The person complained about was me'. In: R. Casemore (Ed.), *Surviving complaints against counsellors and psychotherapists. Towards understanding and healing*. Ross-on-Wye: PCCS.
- Griffin, G. (2004). Professional conduct: What you need to know. *Counselling and Psychotherapy Journal*, 15(7), 46–48.
- Halter, M., Brown, H., & Stone, J. (2007). *Sexual boundary violations by health professionals – an overview of the published empirical literature*. London: The Council for Healthcare Regulatory Excellence.
- Herlihy, B., Healy, M., Cook, E.P., & Hudson, P. (1987). Ethical practices of licensed professional counselors: A survey of state licensing boards. *Counselor Education and Supervision*, 27, 69–76.
- House, R. (2009). Health Profession Council consultation. The PLG's Proposals for the Statutory regulation of counselling and psychotherapy. Submission of evidence. In D. Postle & R. House (Eds.), *Compliance? Ambivalence? Rejection? Nine papers challenging the Health Professions Council proposals for the State Regulation of the Psychological Therapies*. London: WLR/eIpnosis.
- HPC. (2009). *Fitness to practice annual report 2009*. London: Health Professions Council.
- Khele, S., Symons, C., & Wheeler, S. (2008). An analysis of complaints to the British Association for Counselling and Psychotherapy, 1996–2006. *Counselling & Psychotherapy Research*, 8(2), 124–132.
- Mowbray, R. (1999). Professionalization of therapy by registration is unnecessary, ill advised and damaging. In C. Feltham (Ed.), *Controversies in psychotherapy and counselling*. London: Sage Publications.
- Neukrug, E., Healy, M., & Herlihy, B. (1992). Ethical practices of licensed professional counselors: An updated survey of state licensing boards. *Counselor Education and Supervision*, 32, 130–141.
- Neukrug, E., Milliken, T., & Walden, S. (2001). Ethical complaints made against credentialed counsellors: An updated survey of state licensing boards. *Counselor Education & Supervision*, 41(1), 57–70.
- Richardson, S., Cunningham, M., et al. (2008). *Broken boundaries. Stories of betrayal in relationships of care*. London: Witness.
- Sanabria, S., & Freeman, L.T. (2008). Report of the ACA Ethics Committee: 2006–7. *Journal of Counseling & Development*, 86(Spring), 249–252.
- Sands, A. (2000). *Falling for therapy. Psychotherapy from a client's point of view*. Basingstoke: Palgrave Macmillan.
- Sheffler, G., & Achmon, Y. (2004, June). Naturalistic survey and analysis of complaints submitted to the ethics committee of the Israel Psychologists Association, 1987–2002. Paper presented to the Society for Psychotherapy Research Conference, in Rome.
- St. Germaine, J. (1997). Ethical practices of certified addiction counsellors: A national survey of state certification boards. *Alcoholism Treatment Quarterly*, 15(2), 63–72.
- Tanis, J. & O'Rourke, C. (2008). Report of the Professional Conduct Board and Investigatory Committee, 2007. Retrieved February 3, 2010, from <http://www.bps.org.uk/the-society/aims-and-objectives/annual-report-and-other-society-docs/annual-review-2007/boards/pcb.cfm>
- Van Horne, B. (2004). Psychology Licensing Board disciplinary actions: The realities. *Professional Psychology: Research and Practice*, 35(2), 170–178.

Biographies

Clare Symons is a lecturer in psychodynamic counselling at the University of Leicester and a psychodynamic counsellor in private practice.

Suky Khele is policy and public affairs manager with the British Association for Counselling and Psychotherapy.

Jack Rogers is research officer with the British Association for Counselling and Psychotherapy.

Judith Turner is a counsellor in private practice.

Sue Wheeler is director of the Counselling and Psychotherapy Programme at the University of Leicester.