



Cranio Sacral Society

The Practitioner Organisation for Upledger CranioSacral Therapy

Code of Ethics and Practice

PREAMBLE

The Code serves both as information for the public and a reminder to the practitioner of the high standards of practice expected and the commitment required to maintain them. It attempts to provide guidance by way of a standard of attitude, understanding and therefore behaviour. It is written in a spirit of support and encouragement with the intention of engendering a state of being in the practitioner in which destructive, disempowering and otherwise unprofessional conduct will be anathema. Whilst recognising that the word is not ideal, patient is used to denote the individual who seeks some form of service from the practitioner. Members' own terminology is, of course, respected. The code assumes that members run their practices legally and professionally.

THE CODE

Members are required to respect the Code, to apply their best endeavours towards practising it, and to afford appropriate support to their colleagues in doing the same.

PROFESSIONAL INDEMNITY INSURANCE

Membership at all levels is conditional on evidence of professional insurance.

THE PRACTITIONER / PATIENT RELATIONSHIP

1. The member undertakes to treat their patients, their patients' families and their own colleagues with respect and compassion. Members shall respect the religious, spiritual, political and social views of any individual irrespective of race, colour, creed, sexual orientation or gender.
2. The choice and capacity to gain in health lies first within the power of the patient, not with their practitioner. The role of the practitioner is to help to make such choices more accessible. This requires that the practitioner supports the individual towards greater self-understanding by joining them in a partnership of discovery, neither claiming, nor encouraging the inference that the practitioner has special powers.
3. Respect for the self-healing principle leads to the acceptance that one person cannot heal or cure another, only that by the responsible application of techniques or other help, or by the quality of their presence, the practitioner may help remove inhibitions to or otherwise support the patient's self-healing. Promises, cures and guarantees are therefore without foundation. It is, however, the duty of the practitioner to encourage appropriate optimism.
4. The practitioner will provide a non-judgmental environment which respects patients' ethically held beliefs and admits them as part of the therapeutic process.
5. Members shall encourage only positive or neutral opinions of other practitioners and practitioner groups.
6. The practitioner role involves privileged information, and particular power and authority. This shall be used only for the benefit of the patient, and not for seeking or receiving any benefit save for fair remuneration for the practitioner.
7. The practitioner shall keep accurate records of all patients and treatments given. These records shall be kept for 7 years; when treating minors records shall be kept for 7 years into their adulthood.

8. The patient-practitioner relationship and its details shall remain confidential between patient and practitioner and appropriate staff except only where the patient's clear consent has been given, and such consent should be recorded.
9. Whilst respecting areas where confidentiality must apply, practitioners will appreciate the need for honesty and openness in all their professional relationships. All practitioners working within hospitals, hospices and any other medical establishment will comply with the protocols and guidelines required at such establishments. Practitioners must not countermand instructions or prescriptions given by a doctor.
10. Unless the practitioner is legally qualified to work with juveniles, all patients under age 16 shall be accompanied by their responsible adult for the duration of a treatment session.
11. The practitioner's relationship with the patient shall be confined to the therapeutic, and shall be conducted only in ways which will preserve and promote the patient's power in therapeutic transactions. A practitioner must NOT enter into a sexual relationship of any kind with a client and must be diligent in guarding against any act, suggestion or statement that may be interpreted, mistakenly or otherwise, as having a sexual implication.
12. Upledger CranioSacral therapy is received fully clothed. Practitioners qualified in other modalities such as massage, should ensure patients are covered in layered towels before using any CranioSacral techniques. If in any circumstance a patient refuses to recognise these boundary issues, the practitioner is under no obligation to treat them and should NOT do so.
13. No practitioner has a duty to treat anyone who comes to their door. They must NOT treat a client whose condition exceeds the practitioner's capacity, training and competence. Where appropriate, the practitioner must seek referral to a suitably qualified person. The ethical practitioner will be clear about the limits of their responsibilities, as well as what they need to maintain a good practice and take care of themselves. Practitioners should ensure that they are medically, physically and psychologically fit to practise.
14. If concerned about their competence in particular situations practitioners should bear in mind that much is learned from new experience and, used as instructed, Upledger CranioSacral Therapy techniques and dialoguing procedures are intrinsically safe. However, they should also be able to discern when to ask for help or to refer.
15. When involved in referral, practitioners will be careful:
 - a) to provide adequate information to the referee practitioner together with clear terms of reference, preferably in writing, especially if referring outside their own practice
 - b) to be clear with their patient about the purpose and expectations of referring them
 - c) in situations that are especially sensitive, in writing as well as verbally to make clear to the patient why a referral is considered necessary
 - d) when receiving referral to be mindful of its terms, not to exceed them without the consent of the referrer, and to give adequate feedback to the referrer
16. Members should advise the Secretary immediately they become aware of the possibility of any complaint or action arising that could lead to a claim against their insurers (whether or not insured through the Society), damage to their reputation or disqualification from membership. This will place the Society in the best position to give appropriate support. The same applies to any intimation of criminal proceedings (whether or not connected with their practice) against the Member.
17. The Society will endeavour to deal sympathetically and fairly with any reasonable concern or complaint about any member brought to its attention. Concerns/complaints about members who are not yet qualified cannot be dealt with formally, but the Society will endeavour to do so informally. It is the duty of members of the Society to inform clients of their status - qualified/network/student before treating them.

Note:

The amendments to this code from the original version were put forward by the Board and passed by CSS members at the 2015 AGM.

The current 2015 board are:

Ann Margaret Whittle – Chair
Jonathan Gore – Registrar
Mary-Clare Scragg – Secretary
Mark Woodgate – Treasurer
Margaret Gill – CPD & Study Group Co-ordinator
Caroline Barrow – UIUK Liaison