



Code of Conduct and Ethics

Effective 1st July 2017
Update v2.1 | August 2019

EFT International (formerly known as AAMET International) is a voluntary, not-for-profit association. EFT International (EFTi) is committed to advancing and upholding the highest standards for education, training and professional development and to promoting the skilful, creative and ethical application of Emotional Freedom Techniques (EFT).

Scope of This Code

This code defines the behaviour, focus, commitment and integrity the association expects from all its practitioner and trainer members

- in their ongoing personal and professional interactions

and in their relationships with:

- the association
- their clients, paying and non-paying
- their trainees
- their professional colleagues
- the public

Some EFTi practitioner members will also be members of one or more other professional organisations. When this is the case this code should be regarded as complementary to other codes.

1. Personal and Professional Development

All EFTi members who are working with clients or trainees are required:

- 1.1 To keep up to date with developments in the energy psychology field and with changes in EFTi regulations.
- 1.2 To meet the current [EFTi requirements for CPD and mentoring](#).
- 1.3 To inform EFTi if there is a complaint made about them to any other organisation.
- 1.4 To be aware of the impact of their own emotional state on their work with clients and trainees and to commit to and to maintain a personal programme in which they deal with their own challenges as they arise.
- 1.5 To be aware that working with clients and trainees may trigger unresolved issues for them. Clearing them as they arise can be done alone, or with another practitioner, or with a peer or peers. If a therapist is uncertain about the best way forward it is recommended that they discuss it with their mentor.

EFT gives practitioners working with trauma some protection against secondary traumatization but it cannot be guaranteed to eliminate all the risk of the potential effects of distressing stories and images shared by clients. Practitioners need to take action where necessary (e.g. using EFT or other self-care strategies) to ameliorate the impact of clients' traumas, bringing it to mentoring, and seeing a therapist if they need to.

- 1.6 To be aware that practitioners and trainers are entitled to decide who they accept as clients or as students. If a practitioner has no logical reason to say "no" to someone, but their gut is telling them to do so, they are entitled, and even advised, to follow their gut feeling.
- 1.7 To give due consideration to when it is safe for a client to work with them online and when the nature of the client's history and problems and/or the client's fragility would indicate the need for a supportive presence in the room.
- 1.8 To take responsibility for working only within their areas of competence and to refer on where necessary, managing that process to minimise disruption or damage to the client.

2. Working Professionally

All EFTi members who are working with clients or trainees are required:

- 2.1 **Insurance** – To have professional indemnity insurance and to check that it, or the insurance they have on their premises, includes personal injury cover for clients and trainees. Trainers need to ensure that their insurance covers them as trainers and not only as therapists.
- 2.2 To ensure that their insurance cover is valid for their clients' locations as well as their own, in instances where the therapist is working via the Internet with clients in countries other than the one in which they themselves are based.
- 2.3 **Legal Issues** – To make themselves aware of and to observe laws about the delivery of therapy in the country in which they are operating, and, if they are working across international boundaries, those of the country in which the client is located.
- 2.4 Never to make claims to “cure” anything or promise any particular outcome. If claims are made about previous results working in a problem area, these must be backed up by robust supporting evidence. It must also be made clear that this record does not and cannot constitute a guaranteed outcome for any other client.
- 2.5 **Fee Structure** – To make clear to clients and trainees the fee structure for therapy or training sessions including charges for late cancellation or missed sessions, and any other contract into which the therapist or trainer will expect them to enter.
- 2.6 **Code of Conduct** – Before or at the beginning of work with an EFTi practitioner, a client should be given the chance to see a practitioner's own code of conduct and to have information about how to make a complaint about the practitioner. Some practitioners do this by putting the information on their websites and drawing clients' attention to it.
- 2.7 **Marketing** – To ensure that all advertising, including brochures, websites, directory entries, social media and certificates displayed in a practice or training room is honest and relevant. Anyone who is not a member of EFTi or has been but is no longer a paid-up member is obliged to remove any logos or claims of membership or other suggestions of EFTi affiliation from their website and other marketing material. If they do not do so, we will notify their local trading standards officer or equivalent and the advertising standards authority for their country.

3. Working with Clients and Trainees:

- 3.1 Practitioners and trainers must always deal with clients and trainees with respect, honesty and compassion.
- 3.2 Once a practitioner or trainer accepts a client or student, the interests of the client or student are paramount. Practitioners are obliged to provide the best attention and services they can.

- 3.3 **Non-discrimination** – Therapists and trainers are obliged to provide the same quality of service to all, despite differences between them such as race, religion, age, gender, gender identity, sexual orientation, and disability.
- 3.4 **Environment** – As a practitioner or trainer, it is your responsibility to ensure that your practice/training area and any associated waiting area(s) are safe environments. This means not only physically safe but psychologically safe as well.
- 3.5 **Privacy and Confidentiality** – What happens in practice and training rooms should not be heard from outside them. Clients leaving a session should be kept apart from clients arriving. Not only is the content of EFT practice confidential, but so is the fact that someone is consulting an EFTi practitioner unless they choose to reveal it. This can be done either by physical arrangements or scheduling.

When working with clients via the Internet, practitioners are unable to control the client's environment. But it is recommended that practitioners discuss with the client if his or her location is private. Trainees should be asked to agree to keep within the training room what happens in the training room. Generally it is not advisable for trainers to allow recording in trainings. But if they do it is their responsibility to have recorders turned off or recordings deleted when other trainees disclose sensitive personal information

- 3.6 **Demonstrations during training sessions** – When a trainer is doing a demonstration to trainees, the volunteer's interests are paramount and must always be put before the "success" of the demonstration. Trainers should also take responsibility to provide care afterwards for any unresolved emotions stirred up but not resolved by the demonstration
- 3.7 **Referrals** – If a client is seeking help with symptoms that are prolonged or potentially life-threatening or which the practitioner feels are cause for concern, he or she should ensure that the client has consulted a medical practitioner or, if they have not, to advise them to do so. They should also record this in client notes

If, after beginning work together, a client is found to need a level of expertise beyond that which the practitioner is competent or able to offer the client should be informed and the practitioner should offer to refer them to someone who has the required level of expertise

- 3.8 **Non-Interference with medications** – If a client expresses doubts about their current medication, or reports side-effects or other issues that concern them and/or the practitioner, the practitioner should advise the client to discuss this with their qualified medical adviser and record that they have done so
- 3.9 **Diagnosis** – Therapists should never make a medical diagnosis unless they are qualified by other medical training to do so. Nor should they knowingly contradict a diagnosis or advice given by a client's qualified medical advisor

4. Certification of Trainees

- 4.1 A trainer's first responsibility is to the safety of the members of the public who will consult their trainees. They should not certify anyone whom they feel is not safe to work with clients, whatever standards they have otherwise achieved as trainees.
- 4.2 Trainers are not obliged to refund fees to students they are unable to certify. Trainees are paying for training and/or certification process, , not for an outcome. This should be made clear in the information given to trainees before they sign up for a course or a certification path.

5. Confidentiality

See also Point 3.5

- 5.1 Practitioners must promise clients that they will keep confidential anything the client tells them unless the client reveals anything that makes them a danger to others or makes them a danger to themselves and others.

In other words, some therapists regard suicide threats as covered by their confidentiality and some do not. Either position is ethically defensible. The important point is that clients are aware of how a practitioner limits confidentiality before they start working together.

- 5.2 Practitioners should know, and make clients aware of, what is mandatory for them to report to the police or other authorities in the jurisdiction in which they are working. For example, in some countries, such as the UK, practitioners are legally obliged to disclose if they learn about a terrorism threat.
- 5.3 Clients should also be made aware that, as a practitioner, you may wish to discuss information about them with your mentor/supervisor anonymously, and that you will take all necessary steps to protect the client's identity. If practitioners are also trainers they should explain to clients that they sometimes use case history material from therapy sessions for teaching. Again this would be done with scrupulous care to disguise identity. However if clients do not agree to either, the practitioner must respect and comply with their wishes.
- 5.4 Mentors who record group sessions should inform members of the group that they are recording and also if they intend to make the recording available for other practitioners to listen to as part of their CPD. Mentees should be able to ask for recording to be stopped or for a section to be deleted if they want to disclose something they do not feel they want to be on record for unknown others to hear.
- 5.5 Trainers and mentors should extend confidentiality to trainees and mentees. They should not publish photographs of groups on their websites or Facebook or any other digital or other platforms without the consent of the trainees or mentees to the picture being taken and to its use.

Trainers/mentors need to obtain signed consent forms to cover the use of any videos, photographs, audio recordings or transcripts in which they appear for any purpose.

The interests of the mentees in the group are the over-riding consideration here. Mentors should consider whether recording in this way is in mentees best interests, since it may discourage them from disclosing certain concerns.

6. Record Keeping

6.1 Security of Notes – Practitioners are required to keep their notes of client sessions secure. This means paper records should be in a locked filing cabinet and digital ones password protected. In some countries it is also necessary to conform to legal requirements such as registering under the Data Protection Act in the UK. It is a practitioner’s responsibility to check local law

6.2 Content of Notes – EFTi recommends that notes are kept brief, factual, and do not include comment, diagnosis, speculation, opinion or prognosis and do not include second-hand information from the client about other people. It is useful to hold in mind the question “How would I feel if this were read out in Court?” **6.3: Access to Notes:** When you are writing notes, it is important to keep in mind that courts may subpoena them and insist that you explain any codes that you use, and that clients have a right to ask to see them.

Former child clients may, when they are adults, ask to see notes of EFT sessions when they were children. Revelations in many countries about historic child sex abuse makes this more likely than it previously may have been.

6.3 Maintenance of Notes: Records of adult therapy sessions should be kept for at least seven years, unless you are working in a country where the law requires them to be retained for even longer. For children it is advisable to keep them beyond the point at which the client will be old enough to make a claim for damages against an alleged perpetrator should they wish to do so. The current recommendation is to keep child notes until, as a minimum, the client is aged 25. Some recommend that if possible, you keep them forever.

Practitioners should also check their own insurance policies to see if they impose a longer period for records to be kept.

6.4 Safe Disposal of Notes: – Practitioners should arrange for their records to be destroyed securely should they become unable to continue working or die, and to dispose of them securely from time to time during their working life and/or after they retire.

6.5 Recording of sessions and CCTV – If a trainer is filming or recording part or all a training, they should advise applicants in advance that they will be doing so and obtain their written permission to be filmed. They should also make provision for any students who wants to be excluded from filming. Re: filming demonstrations, this

should be done only with the specific additional permission of the subject, in writing, and on condition that the subject can withdraw permission for the retention of all or part of the recording retrospectively and it will be destroyed. If a mentor is recording a mentoring session, group or individual, the mentor should also advise the attendees that he or she is doing so, obtain permission, and as above.

In all instances, trainers and mentors should tell trainees and mentees how they will use the recordings. For example, will they be used as training resources for subsequent students, advertising, publicity?

7. Working with Children or Vulnerable Adults

- 7.1 **Legal Obligations** – Practitioners working with children, however that is legally defined in the country in which they are working, should make themselves aware of the laws in regard to minors there. Practitioners may be legally obliged to obtain police clearance in some areas. Currently, in the UK, a legal requirement for a practitioner to register with the Disclosure and Barring service is rare, and would only exist under exceptional circumstances. However, it is widely recognised as best practice to be registered and to hold a current DBS certificate, and EFTi members can now apply for this service through EFTi.
- 7.2 **Consent** – Practitioners should obtain written consent from the parents/guardians/carers of such children. Parents/guardians/carers should be given to understand that, even if they are paying for therapy, the child is entitled to confidentiality. For vulnerable adults, defined as adults who are unable to understand well enough to give truly informed consent to therapy, practitioners must obtain written consent on their behalf from their legal guardians or carers.
- 7.3 **Communication with the Child or Vulnerable Adult** – Confidentiality for children is slightly different from confidentiality for adults. With children it is good practice to tell them that anything they tell the practitioner will not be revealed to anyone else unless they tell the practitioner something that puts them or someone else in danger.

It is recommended that they are told that, if the practitioner feels they have to break confidentiality, the child will first be given the opportunity to tell their parent or guardian or other authority themselves, with help from the practitioner if they would like it, or to be present when the practitioner tells the parent or other authority. Practitioners are advised to read the [Safer Working Professional Practice](#) guidelines on the EFTi website.

8. Boundaries

- 8.1 Practitioners should not cross appropriate boundaries between practitioner and client to exploit the client emotionally, sexually, financially, or in any other way.

- 8.2 If a financial relationship (other than the payment of EFT session or training fees) should develop between the practitioner and a client or any member of a client's family, the practitioner should immediately end treatment, accept no further fees, and offer to refer the client to another practitioner.
- 8.3 Sexual relationships between practitioners and clients are not recommended but if they happen, at least two years should elapse after therapy ceases before the beginning of such a relationship. Any practitioner who finds him or herself in this situation should discuss it with their mentor.
- 8.4 Practitioners should always be alert for any inappropriate feelings they are beginning to have or that they are aware their client is feeling. Such feelings should be discussed in supervision at the earliest opportunity. See also the EFTi Supervision and Mentoring Handbook re transference and countertransference.
- 8.5 Practitioners should not touch clients in any way that may be open to misinterpretation. If they (the practitioner) are using a technique that involves touch, they should explain it to the client in advance and ensure that the client agrees to it.

When they do, they should not only be listening for verbal agreement but should also be alert for any body language that may contradict that permission.

9. General Conduct

- 9.1 All EFTi members must not behave in any way that could bring EFTi or EFT into disrepute or undermine people's confidence in EFTi and/or EFT.
- 9.2 Members should respect other medical and health care professionals.
- 9.3 Members should make a complaint about another EFTi member or other healthcare professional only if they believe in good faith that such a complaint can be substantiated, and then only through appropriate channels such as EFTi for fellow members, or other relevant bodies.

10. Practitioner Safety and Personal Care

- 10.1 Practitioners need to consider their own safety, as well as that of their clients.

If they are working alone in a building at night, it is wise to create the impression that someone else is in the building. Leaving on lights in other rooms or turning on a radio or television set can create a protective illusion.

It is also wise to tell someone and arrange that you will let them know when you are finished work.

- 10.2 If you suspect a client could be violent, or do not have confidence they will not be, think out your exit strategy in advance. In reality, you may not be able to exit a practice room before the client opposite you can get to you, so you need to consider what resources you need to have immediately at hand e.g. a 'screamer' alarm, which might distract an attacker long enough for you to escape.
- 10.3 Burnout is an occupational hazard for practitioners. The best ways to avoid it are to be aware of your limitations about the number of clients and hours you can work without putting yourself under unsustainable pressure.
- 10.4 Having a mentor to whom you regularly offload concerns and discuss worries about yourself, as well as your clients, is also a good protection against burnout.