Ethical and Responsible Access to Therapeutic Services

This document is intended as psychoeducation rather than a set of conditions for therapy. You do not need to agree with your therapist, disclose anything before you are ready, or know how to "do therapy" correctly.

Its purpose is to explain how psychotherapy works as a professional human relationship, what you can expect from your therapist, what is expected from you as a participant in therapy, and how we can share responsibility for making appropriate use of the therapeutic process.

Understanding your role in therapy

Psychotherapy can be remarkably powerful. It can help you understand yourself, change longstanding patterns, improve relationships, manage difficult emotions and regain a sense of agency.

However, therapy is not something a therapist simply does to you.

Effective psychotherapy is a collaborative process. Your therapist brings professional knowledge, clinical judgement, experience, observation and therapeutic interventions. You bring something equally important: yourself — your experiences, thoughts, emotions, expectations, difficulties, choices and willingness to participate in change.

The therapeutic relationship is therefore something we build together.

Your therapist is a person, not a collection of tools

It is understandable to come to therapy wanting answers, particularly when you are distressed. You may want a technique, an explanation or something practical that will make the problem disappear.

Practical interventions have an important place in therapy. However, your therapist is not simply a collection of psychological tools.

Artificial intelligence, books, websites and self-help resources can already provide information, worksheets, coping strategies and psychological exercises almost instantly.

Therapy offers something different: **a human therapeutic relationship combined with professional clinical judgement.**

Your therapist listens not only to what you say but to how things connect. We notice patterns, develop hypotheses with you, explore what may be maintaining a problem, challenge perspectives when appropriate and adapt our work according to what happens over time.

This means that the relationship itself matters.

How you experience trust, disagreement, frustration, uncertainty, boundaries, vulnerability and communication within therapy may sometimes be as relevant as the original problem that brought you to treatment.

Sometimes an important therapeutic moment occurs when you disagree with your therapist, feel misunderstood, become frustrated or encounter something you would rather avoid.

That does not automatically mean therapy is failing. It may be something worth exploring together.

Therapy involves shared responsibility

Your therapist has significant responsibilities towards you.

You should expect your therapist to practise competently and ethically, maintain professional boundaries, protect confidentiality within its limits, be punctual and reliable, maintain appropriate records, monitor risk, communicate honestly, recognise the limits of their competence and treat you fairly and with dignity.

You also have responsibilities within the therapeutic process.

You are not expected to please your therapist, agree with everything we say, disclose before you are ready or progress according to somebody else's timetable.

You are expected, however, to participate as honestly as you can, communicate difficulties, respect agreed attendance and cancellation arrangements, ask questions and tell us when your needs, circumstances or intentions change.

Your therapist is responsible for providing therapy ethically and competently. **You are not responsible for making therapy succeed, but you are responsible for participating in the process that makes change possible.**

Autonomy and accountability can exist together.

The therapeutic frame is part of therapy

Therapy does not begin when the clinical conversation starts and disappear when the session ends.

Appointments, punctuality, cancellations, communication, boundaries, payments, breaks, endings and referrals form part of what is known as the **therapeutic frame**.

Your therapist has a responsibility to manage this frame professionally, consistently and fairly. Responsible engagement from you matters too.

If you want to stop therapy, take a break, change direction, try another approach or ask for a referral, tell your therapist.

You do not need our permission. Your treatment belongs to you.

At the same time, exercising autonomy does not remove the value of communication. Cancelling future sessions without communicating with your therapist, disappearing from treatment or communicating a difficulty exclusively through a third party may prevent an important conversation from taking place.

Where it is safe and appropriate, communicating your intentions directly is part of participating responsibly in a professional relationship.

Sometimes the way we manage an ending, disagreement or change of direction can be part of the therapeutic work itself.

Have difficult conversations with us

You may sometimes feel disappointed, misunderstood, angry or dissatisfied with therapy. You may disagree with your therapist, dislike something we have said or decide that another therapist would suit you better.

Say so.

Healthy therapeutic confrontation does not mean aggression. It means being able to communicate disagreement, dissatisfaction, boundaries and difficult feelings directly and respectfully.

A therapist should be able to tolerate being questioned and should never require your agreement or compliance.

Equally, avoiding a difficult conversation does not necessarily make the difficulty disappear. If interpersonal avoidance, fear of confrontation, difficulty asserting needs, mistrust or problems establishing boundaries are part of what brings you to therapy, how these difficulties emerge within the therapeutic relationship may provide an opportunity to work with them safely.

Learning that a professional relationship can survive honesty, disagreement and appropriate confrontation can itself be therapeutic.

You may need to say:

“I disagree.”

“That upset me.”

“I don't think you understood me.”

“I don't trust this yet.”

“This isn't working for me.”

“I want something different.”

“I don't want to continue.”

These conversations are not necessarily failures of therapy. Sometimes they are evidence of growing agency.

Trust does not require you to surrender your autonomy. Vulnerability does not mean accepting inappropriate behaviour, tolerating boundary violations or giving somebody unquestioned authority over you.

Therapeutic vulnerability means gradually allowing yourself to be known, tolerating some uncertainty and being willing to communicate things that may be uncomfortable.

When an agency or EAP is involved

In EAP and other agency-funded therapy, an organisation may sit between you and your therapist administratively. It may manage your session allowance, funding, safeguarding procedures, complaints, referrals or reallocations.

These functions are important.

However, **the presence of an agency does not replace the therapeutic relationship between you and your clinician.**

Where it is safe and appropriate, concerns about the therapeutic work should normally be brought into the therapeutic relationship rather than automatically using the agency as an intermediary for a difficult conversation.

Similarly, if you decide that you want to stop, change therapist or take a different direction, you are entirely entitled to do so. Where possible, communicating that decision to your therapist allows the work to be ended or transferred responsibly and gives both parties an opportunity to understand what has happened.

Using an agency to manage appointments or access the administrative options available to you is entirely appropriate. Using an intermediary primarily to avoid communicating a therapeutic difficulty may, in some circumstances, bypass something clinically important.

This does **not** mean that every concern must first be raised with your therapist.

If you feel unsafe, believe professional or ethical boundaries have been breached, wish to make a complaint, do not feel able to approach your therapist directly, or simply believe that contacting the agency is the appropriate course of action, you remain fully entitled to do so.

The purpose is not to restrict your choices. It is to recognise that **how we communicate within relationships can itself be part of psychological growth.**

Therapy is not like visiting the dentist

In some forms of healthcare, you can be relatively passive. You can sit in a chair while the professional performs most of the intervention.

Psychotherapy is different.

You cannot outsource psychological change to your therapist.

We can help you understand patterns, explore their origins, develop skills, process experiences, challenge assumptions and consider different choices.

But we cannot set boundaries for you, have difficult conversations for you, change your relationships for you, tolerate uncertainty for you or make important life decisions on your behalf.

Nor can a therapist guarantee change simply by providing more techniques.

Therapy requires participation, not simply attendance.

This does not mean that you must arrive motivated, confident or certain about what you want. Ambivalence, fear, mistrust and uncertainty are all legitimate things to bring to therapy.

Participation means allowing us to work with what is actually there.

Tools are useful, but understanding comes first

Psychological tools have an important place in therapy. Grounding, behavioural strategies, cognitive techniques, emotional-regulation skills and communication exercises can all be valuable.

But collecting techniques without understanding the problem can turn therapy into a list of exercises rather than meaningful psychological work.

A technique is most useful when we understand what we are trying to change, why the difficulty may be occurring, what maintains it and how the intervention fits the individual person.

Instead of asking only:

“What tools can you give me to fix this?”

also consider asking:

“Can you help me understand what is happening and what I may need to change?”

The second question often makes the first much more useful.

Short-term therapy requires early collaboration

This is particularly important in Employee Assistance Programmes and other brief therapies, where only a limited number of sessions may be available.

Brief therapy is not rushed therapy. It is focused therapy.

Therapist and service user need to establish relatively quickly what has brought you to treatment, what you hope to change, what can realistically be addressed within the available sessions and whether something requires longer-term or more specialised support.

You do not need to trust your therapist immediately. Trust develops through the relationship.

You do not need to disclose everything immediately either. You remain in control of what you choose to discuss.

But time in brief therapy matters.

If substantial therapeutic time is spent avoiding difficult conversations, repeatedly changing direction without discussing why, seeking immediate solutions without engaging in the process required to understand the problem, or communicating concerns outside the therapeutic relationship without attempting to address them within it where appropriate, the opportunity for meaningful therapeutic work may become limited.

That is not a judgement. It is one of the practical realities of working within a limited number of sessions.

Making responsible use of therapy

You do not need to be an ideal patient.

You can come with questions. Come with scepticism. Come frustrated if you are frustrated. Tell us when something is not working. Disagree. Challenge us respectfully. Ask why we are suggesting something. Tell us when you need something different.

But **participate**.

Allow therapy to be a relationship in which you can practise communication, agency, boundaries, curiosity, responsibility and, gradually, vulnerability.

Expect professionalism from your therapist and hold us accountable to it.

Expect yourself to engage with the process as an active participant too.

Your autonomy remains yours throughout.

And remember:

Therapy is something you participate in, not something you consume.

Its potential comes from bringing professional knowledge, clinical judgement, human relationship and your own capacity for change together.

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