



Association for Family &
Systemic Psychotherapy

Code of Ethics and Practice

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www.theafsp.org

The purpose of the AFSP Code of Ethics and Practice is to define general principles and to establish standards of professional conduct for family and systemic psychotherapists in their work and to inform and protect members of the public who seek their services. The Code of Ethics should be read in conjunction with the AFSP Concerns and Complaints Policy and Procedure, all other relevant AFSP policies and those of other bodies, e.g. UKCP where a member is registered with them.

Core Values and Principles:

The Association for Family and Systemic Psychotherapy (AFSP) is the leading professional association for family psychotherapy and systemic practice in the UK. We develop and grow our professional community, champion their work, and make sure that the ideas of family and systemic therapy have a greater influence and positive impact on all our lives. We believe that every individual should be given respect and understanding.

We have members from all the main health and social care professions, as well as those working in the third sector and private practice and we seek to improve the standards of professional practice with family and other systems by promoting family therapy ideas in practice, teaching, supervision and research. A significant number of members of AFSP are practising as Family Psychotherapists and Systemic Practitioners and we also have student and retired members. AFSP accredits family therapy training courses at various levels in the United Kingdom.

AFSP is a member of the College for Family, Couple and Systemic Psychotherapy (CFCSP) of UKCP whose flagship statement is: *“Organisations within this College have in common an understanding that symptoms, problems and difficulties arise in the context of relationships and are to be understood in terms of interactive and systemic processes. The main focus of intervention emerges from these patterns of interaction and the meanings given to them. Given this focus, the members may work with individuals, couples, families or parts of them, and other significant relationship networks”.*

Our vision is to promote professional excellence and to raise the visibility of Family and Systemic Psychotherapy practice, both nationally and internationally.

Our mission is setting and supporting professional standards through our work as the membership organisation for Family and Systemic Psychotherapy and Systemic Practice.

1. AFSP is an Organisational Member of the United Kingdom Council for Psychotherapy (UKCP) and is responsible for the registration of individual members with UKCP. In accordance with UKCP requirements, registered Family and Systemic Psychotherapists, Systemic Psychotherapists and Family Therapists must abide by UKCP's Code of Ethics and Professional Practice and are subject to UKCP's Complaints and Conduct Process. AFSP requires that qualified members practising as Family and Systemic Psychotherapists, Systemic Psychotherapists and Family Therapists in any capacity should be registered with UKCP or another registering body which can protect the public by receiving and managing complaints regarding their therapy practice.
2. Each UKCP Member Organisation is required to include and elaborate upon UKCP principles in its own Code of Ethics. This AFSP Code of Ethics is accepted by UKCP.
3. The terms 'family therapy', 'family psychotherapy', 'systemic psychotherapy', 'systemic couple therapy' and 'systemic practice' refer not only to systemic work by therapists and practitioners with families, but also to other activities such as consultation, publication, research, supervision, training and a variety of direct forms of work with clients other than as part of a family
4. The terms Family and Systemic Psychotherapist, Systemic Psychotherapist and Family Therapist refer to a person who has completed accredited qualifying-level training and is registerable with UKCP within the College of Couple, Family and Systemic Psychotherapy. The term systemic practitioner refers to a person who has completed training to intermediate level. There are also people who have completed foundation level training and may be referred to as doing 'family work' or sometimes 'Family Intervention' in the case of those who have completed a Family Intervention for Psychosis training. For the sake of clarity, the generic term member will be used throughout the Code to emphasise that the Code refers to all members of AFSP whether they are registered Family and Systemic Psychotherapists, Systemic Psychotherapists, Family Therapists, Systemic Practitioners, work with 'family intervention', or any other person who is a member of AFSP. (See also paragraph 18).
 - 4.1. Members who hold professional registration e.g. with UKCP, may be entitled to use their professional registration body's logo. The AFSP logo can only be used for official AFSP business and not for an individual member use to denote membership. In accordance with the Articles of Association, AFSP membership shall not confer professional status on a member. However, they may refer to their AFSP membership on their CV (including LinkedIn), websites and on job applications.
5. All AFSP members, whether registered with UKCP, another registration body or not registered in any capacity but who have been disciplined by their registering body or employer, convicted of a criminal offence or against whom successful civil proceedings have been brought, and is relevant to their practice, may be considered to have brought the Association and the profession into disrepute. The AFSP Board may suspend or terminate their membership.
6. In addition to the ethical requirements of members in their relationships with couples, families, individual clients, and the wider public, there are crucial contextual issues which they need to be aware of and could affect them being able to work in a systemic way. These include:
 - 6.1. Making satisfactory arrangements with their employing agencies, particularly when it comes to:
 - a. having a systemic approach accepted as a viable way of working,
 - b. receiving sufficient support and supervision, and
 - c. being provided with at least the minimum facilities to practise as a Family and Systemic Psychotherapist.
 - 6.2. Promoting greater public awareness of issues to do with the emotional health of family life, discrimination, and information about family psychotherapy.
 - 6.3. Familiarising themselves with any local interagency procedures in relation to, safeguarding and mental health.
7. Throughout this Code, any references to specific legislation or laws will include any modification, consolidation, and reenactment, and extension of them for the time being in force.

General Principles

8. The purpose of family psychotherapy and systemic practice is to promote greater wellbeing and/or understanding in those with whom members are concerned.
9. Members must promote the welfare of families and individuals. Relationships with clients must be based on honesty and integrity.
10. When faced with an ethical dilemma, members should adopt the course of action which 'maximises the good' and does the 'least harm'. They should attach particular weight to the rights of the vulnerable and those with least power.
11. Members should be aware that communication is a two-way process and forms the basis for a good client/practitioner relationship. Misunderstandings in this relationship form the basis of a significant number of concerns and complaints raised.
12. Members should respect other people's views and, when stating their own views, avoid the disparagement of others either professionally or personally. Members are also required to refrain from any behaviour that may bring the Association or the profession into disrepute, e.g. dishonesty or inappropriate social media posts made in your private time but available for public view, or actions that are incompatible with AFSPs or the professions' public profile or values.
13. Members must be aware of the particular needs of children and vulnerable adults and keep up to date with relevant safeguarding legislation and guidance.
14. Members must adopt a culturally sensitive stance to all clients, colleagues and AFSP. They shall not discriminate against anyone on the basis of sex, race, religion, age, appearance, accent, ability, class, culture, education, employment, sexual orientation, gender identity, spiritual beliefs or any other visible or invisible difference or protected characteristic. They shall do what they can to make therapy accessible to those constrained by disability, poverty or language barriers. AFSP expects its members to avoid oppressive and discriminatory practices and actions.
 - 14.1. Treat everyone respectfully, sensitively and fairly, without discrimination or oppression. This includes clients, colleagues, AFSP staff, and anyone else working on behalf of AFSP.
 - 14.2. Members are expected to bring to the attention of a member if it appears they are/have been discriminatory or have oppressive practices by discussing with their supervisors and avoid being a bystander. We understand emotional safety is paramount in addressing sensitive issues. AFSP will endeavour to support and advise accordingly.
15. Members must comply with current legislation relating to their practice in the country, state or territory where they are practising.

Contracts

16. Members must ensure that the client or their authorised representative is able to give valid consent and must give full and clear information regarding the work to be undertaken (see s46).
17. There must be a clear and unambiguous agreement between members and client(s) and the contract should include written information about the time, place, frequency of sessions, charges (if applicable), availability for advice, confidentiality and security of records.
18. Before psychotherapy begins, members should provide an appropriate explanation of the nature of the psychotherapy being offered. If the work required is outside the member's limits of their competence the client should be referred on to an appropriate resource.

19. Members must not accept payment from referrers, nor pay anyone a fee for referrals made, so that the referral is considered legitimate and, in the clients, best interests. However, the payment of fees for the provision of referral management and/or marketing services is permitted.

Relationships with Clients

20. Members should set clear boundaries with their clients. This means they must take care not to exploit current or former clients in any way, whether financially, emotionally or sexually. It undermines the relationship of trust. This applies to both face-to-face contact and through social media.
21. Family psychotherapists should make every effort to avoid multiple relationships with their clients, trainees, or supervisees because such relationships, with their inherent power-differential, might impair professional judgement and increase the risk of the abuse of power, e.g. close personal, business and/or sexual relations.
22. Family and Systemic Psychotherapists must not use their professional position to pursue a sexual or improper emotional relationship with a patient, or someone close to them and are strongly encouraged to view timely supervision as the context of choice to discuss any misgivings/sense of blurred professional meaning in relationships. The forming of a sexual relationship within three years of termination of therapy is ethically inappropriate; the ethical responsibility always rests with the therapist.
23. Members should not use relationships with clients to further personal, religious, political or other non-professional interests.
24. Therapy should continue only so long as it is beneficial to the client(s).
25. Financial transactions between members and clients, other than those relating to fees, are forbidden.
26. A member must not persuade clients to give, lend or bequeath money or gifts that will directly or indirectly benefit them. However, they may accept modest unsolicited gifts from clients or their relatives as long as: i) this does not affect, or be seen to affect, the way they treat and ii) they have not used their influence to pressurise or persuade clients or their relatives to offer them gifts.
27. If a member receives a gift or bequest from a client or their relative, they should consider the potential damage this could cause to their clients' trust in them and the public's trust in the profession. A member should refuse gifts or bequests where they could be perceived as an abuse of trust. This can be discussed with their supervisor.
28. Members working independently have the right to refuse to treat a client. Any pause or abrupt ending still needs appropriate management.
29. They should discuss this with their supervisor, ensure the client(s) understand the basis of the decision, and keep a clear record. They may consider that on-line contact is a more appropriate means of working together.
30. Therapists have the right to be safe and not subject to abuse when conducting their work. The use of restraint and/or reasonable force within the law may be justified if the safety of any person present is threatened, and the members believes that only this kind of intervention will serve to protect. The member may consider reporting such incidents to the police.

Qualifications

31. Members must disclose their qualifications if requested and must not claim to possess qualifications which they do not have. Membership of AFSP should not be presented as a qualification. The titles of Family and Systemic Psychotherapist, Systemic Psychotherapist or Family Therapist should not be used unless the practitioner has successfully completed accredited qualifying training and has registration with UKCP or another registering body which can protect the public by receiving and managing complaints regarding their psychotherapy practice. These terms are not protected titles and members must not mislead the public.
32. Some members have more than one professional qualification. These members should make it clear to clients in which professional roles they are practising, to avoid any conflict of interest. For example, making it clear that members who are systemic practitioners qualified up to intermediate level are not qualified to provide family and systemic psychotherapy, family and systemic training or represent family and systemic psychotherapy at a professional leadership level. However, they will have a systemically informed set of skills that can be combined with their core training. (In order to maintain this skill set, they must have ongoing systemic CPD and supervision from an approved supervisor or fully qualified family and systemic psychotherapist). If another form of treatment is offered the member must inform the client prior to starting it and indicate their relevant qualifications and registration with any relevant registering body. Consent should be obtained for every component of treatment.
33. Advertisements should not make false or misleading claims, and must be honest, decent, legal and truthful. Professional advertising should only describe training undertaken, qualifications held, and services offered by the therapist. Use of the term Doctor/Dr and post nominal initials must be accurate and clarify whether it is a medical or academic qualification.
34. The UKCP and AFSP do not permit the use of testimonials in advertising their practice.

Competencies

35. Members should operate only within the limits of their competence (please see levels of training information sheet) and must cease to practise if that competence becomes impaired for any reason (see s49 and s50.)
36. Qualification as a Family and Systemic Psychotherapist, Systemic Psychotherapist or Family Therapist affirms competence to practise independently. Family and Systemic Psychotherapists, Systemic Psychotherapists and Family Therapists are required, however, to maintain their ability to perform competently through continuing personal and professional development as specified in the AFSP CPD policy
37. Members must ensure that they have made appropriate arrangements for supervision of and/or consultation to their practice. In accordance with the registration rules laid down by UKCP and AFSP. (see Registration Policy).

Confidentiality

38. At the outset of therapy, members should clearly explain the confidential nature of their work to clients. All material and information passing between clients and therapist is confidential. How confidentiality will be managed between individual and couple or family sessions needs negotiation and clarity.
39. Confidential material may be disclosed to colleagues within the same agency without the client's consent where those colleagues are bound by rules of confidentiality. Examples would include case discussions, allocation meetings and supervision. There can also be limited disclosure, only as necessary for the purpose of supervision, outside of an agency setting to fulfil professional obligations and in the best interests of the client.
40. Members should inform clients that circumstances may arise when there are legal exceptions to maintaining confidentiality:

40.1. It is necessary in the public interest. In these circumstances the duty to society overrides duty to the client. This is usually when a client puts themselves or others at risk. For instance, situations involving self-harm or actual or potential risk of harm to family members or others. If possible, it is advisable to gain client consent before breaking confidentiality.

40.2. The member is compelled by an order of the court or other legal authority. Only the information required under the order should be released.

Notes, records, use of video and audio tape

Records need to be maintained, kept up to date and stored safely in accordance with the policy and procedures of the employing agency and that policy explained to clients. (see also s38). Members should pay attention to the growing influence and use of Artificial Intelligence (AI) and its ethical use, for example Chatbots and the use of AI tools, within the therapy context. AI is an emerging field and there will be a lot of development in this area. Therefore, AFSP will have a separate document that can be referred to for more information.

Independent practitioners' records should conform to this Code of Ethics. Client access to records should be discussed with clients.

41. Permission must always be obtained from clients before audio or visual recordings are made of a therapy session. The purpose and uses of these recordings must be fully specified. Specific consent must be obtained from clients to use recordings in research or teaching.
42. Specific consent forms must be signed by each client, including children where appropriate and only in exceptional circumstances should parental permission over-rule the wishes of a child. It is not sufficient to record consent on audio or visual recordings.
43. Members should clarify with clients how long recordings will be held. Recordings must be erased after the time agreed with clients, unless further consent is obtained for an extension of this (see UKCP Security and Confidentiality Guidelines).
44. Any personal data stored in any form, including electronically, must be completely safe and confidential, in accordance with current legislation. Members should familiarise themselves with the requirements of their employer. Generally, records kept will need to be registered with the Information Commissioner's Office (ICO) under the Data Protection Act 2018 Records should be retained for a minimum of 7 years after the termination of therapy and, in the case of children, until their twenty-fifth birthday.

Wider therapy context

45. Members are advised to gain consent from clients before contacting general practitioners and other professional agencies in situations where this is appropriate.
46. Members must ensure that the client or their authorised representative is able to give valid consent; the member must give clear and sufficient information about the nature of the treatment, its scope and its limitations. For consent to be valid it must be given:
 - a. Voluntarily
 - b. By an appropriately informed person
 - c. By a person with the competence to consent to the intervention in question
 - d. If the client has previously agreed to treatment but becomes incompetent the member must cease treatment until a person with the necessary competence to consent agrees.
 - e. Clients may withdraw consent at any time
47. Members must inform clients if their professional role also involves responsibility to take statutory action (e.g. under the Mental Health Act or child protection legislation).

48. Members have a duty to recognise, protect and promote the particular rights and needs of all individuals in families. This may sometimes include responding to requests for individuals to be seen separately. This can be complicated, and Members should consider, who is the client? Is it a named individual and the family are involved or is it the whole family. Individual work maybe appropriate but it depends how this fits into the overall clinical work – and whether it will be unbalanced by individual sessions. Members also need to consider that if family or couple therapy ceases it may not be advisable to keep seeing an individual as this is a new contract and may undermine previous clinical relationships.

Fitness to practise

49. Members are responsible for addressing any current limitations, such as factors in their personal background, and mental or physical ill-health, which affect their ability to practise competently (see s35).
50. Members should not practise when under the influence of alcohol or drugs, either illegal or prescribed, that are likely to affect their judgment, or when impaired by illness, psychological distress or similar. It may be necessary to stop practising or to receive professional supervision in order to establish fitness to practise. The member should inform AFSP and their registering body if this is the case. Members should take appropriate action if they are concerned about a colleague's behaviour or fitness to practise. This could include initiating the relevant complaint and disciplinary procedures.
51. Members who are practising must hold an Enhanced with Barring DBS certificate. This is the highest level of DBS check, necessary because of the influential role you will have as a psychotherapist, family therapist or systemic practitioner and the level of unsupervised interaction you will have with the public on a regular basis. This should be renewed every three years or if anything happens to you that may impact on the result of a DBS check.

Professional Executors

52. Members should make provision for the appropriate care of their clients in the event of sudden illness or death by naming a colleague or colleagues who, with client consent, should be kept up to date with names and addresses of current clients. Such colleagues would also be responsible for administering the professional estate of a therapist who dies suddenly, in accordance with AFSP's Guidelines for Professional Executors.

Professional Indemnity Insurance

53. Members must ensure that their professional work is adequately covered by appropriate indemnity arrangements against possible claims for damages for negligence, malpractice or accidental injury, whether in private practice or in work undertaken for an employer. Members must never assume that someone else is holding this responsibility. Please see the AFSP CPD policy.

Research and publication

54. Members who undertake clinical research must comply with the requirements of their Local Research Ethics Committee and their employer's Governance and ethics procedures and must gain fully informed consent from clients who participate. Members must not pass off other people's work as their own and all work/research must be properly referenced.
55. Members must safeguard the welfare and anonymity of clients and should obtain consent from clients before using any identifiable clinical material in any publication, presentation, lecture, seminar or workshop (this list is not exhaustive).
- 55.1. If a client is co-authoring the work as an 'expert by experience' their co-authors should be sensitive to their potential vulnerability. If an article is about a client rather than authored/co-authored by them, their name and other identifiable details should be changed to ensure their confidentiality. Authors should have clients' written permission to publish details of their anonymised case unless the situation described is a composite of different examples rendering the individual case unidentifiable.

55.2. Articles should not include photographs of clients/service-users under the age of 18. Neither should clients under 18 years of age or their families be named or identified by other means. Being happy at an earlier stage in life to be named or photographed when sharing a story in *Context*, may result in regrets later (whether parental or guardian permission is gained or not). These decisions can also affect other people.

Relationships with colleagues, trainees and junior staff

56. Members must address ethical issues in training and supervision and should strive to encourage all students, trainees and junior staff for whom they are responsible, maintain an appropriate ethical standard in their practice.
57. Members who engage in personal relationships with students, trainees or colleagues must ensure that such relationships do not compromise their effectiveness as therapist, consultant or trainer, or interfere with the standard of service offered to clients. Where a relationship already exists the continuance and effect of this needs to be taken in consideration. Members should seek advice from an appropriate resource such as their supervisor.
58. Sexual intimacy between supervisors/trainers and trainees is prohibited. Any inclination of mutual intimate attraction should be promptly discussed with the appropriate supervisor. Alternative training arrangements should be identified and prioritised.

Working with the media

59. Members who work with the media, for instance in making TV programmes, are required to adhere to the same ethical guidelines that would apply to clients in other contexts. They should consider any potential conflicts of interest, examine their personal motivation for taking part and keep participants' needs at the centre of their concern with a particular focus on the needs of children and vulnerable individuals. They should also consider the impact on their current clients. They should not get involved if the topic is outside their area of expertise – see AFSP Guidelines for Working with the Media and TV.

Complaints and disciplinary procedures

60. Members must inform AFSP in writing, either by email or paper copy, of any potential conviction, order, finding or suspension which may entitle the Association to take action under the AFSP Rules of Conduct for Members. AFSP should be notified of the progress and outcome of such proceedings.
61. Anyone who has any concerns about the ethical conduct of an AFSP member should bring this to the attention of the member's employer, registering body or professional body or training provider/university in the case of a current student. AFSP expects that members in independent/private practice will be part of a Registering body, e.g. UKCP, HCPC, NMC, BACP.

AFSP's Ethics Committee welcomes queries from members about any aspect of this Code as it relates to their practice.

Please contact the AFSP office, 7 Executive Suite, St James Business Centre, Wilderspool Causeway, Warrington WA4 6PS. Email: hello@theafsp.org

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