

CODE OF ETHICS
AND
PRINCIPLES OF PROFESSIONAL PRACTICE
FOR
CHILD ART PSYCHOTHERAPISTS

INTRODUCTION

The aims of the Association of Child Art Psychotherapists (ACAP) is:

- to promote Child Art Psychotherapy to the public and employment authorities.
- provide support and guidance to the members of the Association.
- to suggest standards of professional practice and continuing professional development.
- protect clients that use the services of our Members.

Child Art Psychotherapy is a form of psychotherapy which uses the medium of art as its primary mode of communication. Child Art Psychotherapy is useful for children and young people who find it difficult to express their feelings verbally. Pictorial language is used as a bridge to a verbal dialogue. This non-threatening method allows the child to explore their feelings through images in a safe place. The image is used to contain and give meaning to the child's experience. The overall aim is to allow the child to accomplish personal growth and change by using the child art psychotherapy method.

Child Art Psychotherapists work in a clinical context where aspects of health, emotional difficulties and impairments are a great part of what the child brings to the Child Art Psychotherapy sessions. In this context, Child Art Psychotherapists are expected to exercise clinical judgement as a means of practising safely and effectively.

The Association of Child Art Psychotherapists ('the Association') has issued this Code of Ethics with the aim of providing members of the Association ('Members') with the fundamental principles, standards and guidelines for good practice. This is to support them in their work, as well as to inform and protect children or young people ('the client') using their services.

Membership of the Association is only open to graduates of the Higher Diploma in Child Art Psychotherapy, Higher Diploma in Visual Art Psychotherapy or the Masters of Science in Child Art Psychotherapy run by University College Dublin and the Mater Misericordiae University Hospital Child and Adolescent Mental Health Service. Associate membership is available to students currently undertaking the Masters of Science in Child Art Psychotherapy.

Throughout their professional life Members must:

- adhere to this Code of Ethics;
- undertake supervision in accordance with supervision guidelines; and
- undertake continuing professional development ('CPD') as required by the Association.

1. Membership

- 1.1 Only those who are graduates of the Higher Diploma in Child Art Psychotherapy, Higher Diploma in Visual Art Psychotherapy or the Masters of Science in Child Art Psychotherapy run by University College Dublin and the Mater Misericordiae University Hospital Child and Adolescent Mental Health Service are eligible for full membership of the Association and are authorised to use the titles registered Visual Art Psychotherapist or Child Art Psychotherapist.
- 1.2 Members must:
- (i) abide by this Code of Ethics;
 - (iii) undertake clinical supervision in accordance with the supervision guidelines; and
 - (iv) undertake continuing professional development (CPD) as required by the Association.
- 1.3 Membership of the Association may be terminated in respect of any Member who:
- (i) contravenes this Code of Ethics;
 - (ii) is convicted of a crime which has a bearing on their fitness to practice;
 - (iii) are disciplined by a health care regulatory body; or
 - (iv) is expelled from or disciplined by another professional organisation.

2. General principles

- 2.1 Members should seek to establish the highest ethical standards and should regard the therapeutic interests of the clients as paramount.
- 2.2 Members should strive to practice lawfully, safely, effectively, accountably and fairly.
- 2.3 Members should only treat and advise on cases in which they are competent, as determined by their education, training and experience. This principle is summarised in the proposition that a Member has a 'scope of practice' at any particular point in their career.
- 2.4 Members should be culturally competent. Cultural competence is a set of congruent behaviours, attitudes and policies that enable Members to work effectively in cross-cultural situations.

- 2.5 Members should acknowledge and incorporate into their professional work:
- (i) the importance of culture, and variations within cultures;
 - (ii) the assessment of cross-cultural relations;
 - (iii) cultural differences in visual symbols and imagery;
 - (iv) vigilance towards the dynamics that result from cultural differences;
 - (v) the expansion of cultural knowledge and the adaptation of services to meet differing cultural needs.
- 2.6 Members should establish their clients' accountable agent and encourage clients, or their carers, to identify and to seek the advice of a qualified doctor or psychiatrist for their medical welfare.
- 2.7 Members should assist clients in understanding their options in making their own decisions, and will respect the choices they make.

3. Professional competence and integrity

- 3.1 Members must maintain high standards of professional competence and integrity.
- 3.2 Members must keep informed and up to date with developments in their field, through educational activities, clinical experience and CPD. The learning schemes that Members undertake as part of their CPD must have the objective of maintaining and developing their professional competence.
- 3.3 Members must:
- (i) keep themselves informed about current thinking and clinical developments which are related to their practice;
 - (ii) make use of any financial or other support provided by their employer to develop their professional skills through attending in-service training programmes, lectures, conferences or workshops. Ideally, they should also keep in contact with fellow professionals through regional groups of the Association.
- 3.4 Members must, so far as practicable, inform themselves of any other treatment being undertaken by their client, and make appropriate clinical decisions according to the context and the client's needs.
- 3.5 Members must exercise care when making public their professional recommendations and opinions through testimony or other public statements and recognise their potential to influence and alter the lives of others.
- 3.6 Members must not distort or misuse their clinical and research findings.

4. Supervision

Members must monitor their own professional competence through clinical supervision in accordance with the Association's supervision guidelines.

5. Accepting clients

Members should, where appropriate, seek a written referral for a client from the appropriate agent. Parental or Guardian's approval should be obtained when taking the referral. Members must retain the right not to accept certain clients following their assessment.

6. Informed consent

6.1 Members should obtain informed consent for treatment which must be recorded in their clinical notes. If a client has difficulty understanding the language or procedures used, Members should arrange for appropriate support to be provided to the client, such as the assistance of a qualified interpreter or signer.

6.2 Members must consider any factors which may influence the outcome of therapeutic practice, including assessment and the reporting of its results, such as culture, race, gender, sexual orientation, age, religion, education, and disability.

6.3 Members should ensure that minor clients give consent for treatment, as well as their parent(s)/guardian(s).

7. Accountability and consistency of care

7.1 Members should be clear about their accountability in relation to the treatment of clients and must take reasonable steps to be aware of the current law, and changes to the law, which may affect their practice.

7.2 Members must provide as much consistency of care as possible for their clients, be assertive in their efforts to maintain contact with them during the course of therapy and make every effort to prepare the client for the ending of the therapy. Where circumstances mean that therapy has to end prematurely, Members must make reasonable efforts to help the client find alternative sources of help, within the limitations of the context of the clinical settings.

8. Clinical Judgement

8.1 Members must take appropriate steps to ensure that their judgement is not impaired, that they do not exploit clients and that they act in the client's best interest. Members should not practice while under the influence of alcohol or drugs, or if their physical or mental state might affect their ability to practice.

8.2 Members must seek appropriate professional help for any personal problems or conflicts that may impair or affect their work performance or clinical judgement.

9. Confidentiality

9.1 Members must respect and protect confidential information obtained from clients in conversation or through artistic expression.

9.2 Information, conversations, transactions and art expressions between a Member and client must remain confidential within the treatment team. However, disclosure may be authorised by the client, required by law or made by the Member in appropriate

circumstances, for example, where the safety of the client, the therapist, those caring for the client, or the public would be threatened by non-disclosure. In such cases disclosure must be made in the manner which best protects the client's interests.

- 9.3 Members must seek to protect a client's confidentiality while complying with legislation and guidelines for child protection.

10. Protection of Minors

- 10.1 Members must, so far as possible, seek to preserve the confidentiality of minor clients and refrain from disclosing information to the parent, guardian or carer of a minor client which might adversely affect the treatment of the minor client, or place them at further risk.
- 10.2 Members must take appropriate action if they believe that a young person is in danger, wherever possible adopting the established multi-agency approach to child protection. Members must comply with the Children First National Guidance for the Protection and Welfare of Children 2011.

11. Dual Relationships

- 11.1 Members should always maintain the therapist-client relationship on a professional basis. A Member should not engage in a dual relationship with clients. A dual relationship occurs when a Member and client engage in a separate and/or distinct relationship from that of therapy.
- 11.2 At the start of a therapeutic relationship, a Member must agree a clear contract with the client's parent, legal guardian, or carer, as appropriate. The contract should state the expected start date of therapy, the approximate length of therapy, the agreed frequency of the sessions, and the boundaries of the therapeutic relationship (e.g. any limits to confidentiality).

12. Practice Environment

- 12.1 Members must treat clients in an environment which protects privacy and confidentiality and provides a safe and functional place in which to offer Child Art Psychotherapy services, including:
- (i) proper heating and ventilation;
 - (ii) adequate lighting;
 - (iii) access to a water supply;
 - (iv) furniture which conforms to relevant health and safety standards;
 - (v) knowledge of hazards or toxicity of art materials and the effort needed to safeguard the health of clients;
 - (vi) storage space for clients' artwork.

13. Records

13.1 Members must record the client's attendance for therapy. Material produced during the child art psychotherapy session should be named, dated, and safely stored throughout the therapeutic relationship. In general, the client's art expressions should be kept within the therapeutic relationship and the disposal of such artwork should be negotiated with the client. Ultimately the ownership of the artwork remains with the client, as does the manner of its disposal. If storage space is at a premium, photographic, digitally or video recorded images may be used as an alternative record of the client's art expression.

13.2 Members must ensure that they follow the policy guidelines laid down by their employer with regard to the retention of written or computer generated client treatment records. It is recommended that client records are kept up until the client is 21 years of age.

14. Reproduction and Exhibition of Clients' Artwork

14.1 Members should use their own judgement as to the need to obtain permission before publishing a client's artwork. In general a distinction can be made between publication or exhibition to a public audience and to a limited audience or forum comprised of fellow health professionals.

14.2 Members who wish to use verbal dialogue, pictorial or written products from Child Art Psychotherapy sessions for the purposes of research, education, publication or exhibition should:

- (i) wherever possible, seek the written consent of the client or the client's legal guardian or carer; and
- (ii) clearly inform the client, legal guardian or carer about how the material will be used.

14.3 Members must, wherever possible, obtain written consent from the client, legal guardian or carer before a client or client's artwork is photographed, recorded digitally, video taped, audio recorded, or otherwise duplicated for the purpose of public display and exhibition.

14.4 Members who wish to use verbal dialogue, pictorial or written excerpts from Child Art Psychotherapy sessions may do so without the specific permission of the client, providing:

- (i) the excerpts are only used for supervision, training, education, or for the purpose of disseminating evidence from Child Art Psychotherapy practice;
- (ii) the excerpts are used with limited audiences of health professionals who adhere to rules of confidentiality comparable to those which apply to Members; and
- (iii) an indication is given in the treatment agreement or contract that excerpts from sessions may be used in these ways.

- 14.5 Members should never seek to profit financially from the sale of art expressions produced in the therapeutic relationship.

15. Responsibilities to students and supervisees

- 15.1 Members who act as teachers, supervisors and researchers must present accurate information and maintain high standards of scholarship in their continuing education.
- 15.2 Members in a supervisory relationship with students or other Members must not also engage in a formal therapeutic relationship with them.
- 15.3 Members who act as supervisors are responsible for maintaining the quality of their supervision skills and must obtain consultation or supervision for their work as supervisors whenever appropriate.

16. Research governance

- 16.1 As stipulated by the employing institution, e.g. University or HSE - is an aspect, a part of Clinical Governance and as such, the same ethical principles, protocols and processes will apply to all research Child Art Psychotherapists.
- 16.2 Research Child Art Psychotherapists must respect the dignity and protect the welfare of participants in research.
- 16.3 Research Child Art Psychotherapists must abide by the laws, regulations, ethics and professional standards governing the conduct of research and publication.
- 16.4 Information obtained by a student/clinician about a research participant during the course of an investigation must be confidential and any identifying information will be made anonymous.

17. Responsibility to the Profession

- 17.1 Members must respect the rights and responsibilities of professional colleagues.
- 17.2 Members should seek to assist and be involved in developing or changing laws and regulations relating to the field of Child Art Psychotherapy where to do so is in the public interest.

18. Financial Arrangements

- 18.1 Facts should be presented truthfully to clients, third party payers, and supervisees regarding services rendered and the charges.
- 18.2 Members should ensure that they are paid for their contribution to training programmes for colleagues or students and for supervising trainees on clinical placement.
- 18.3 Members in private practice must make financial arrangements with clients, their agents, and supervisees that are clear, easily understood and conform to accepted professional practices.
- 18.4 Members must not offer or accept payment for referrals.

- 18.5 Members in private practice must disclose their fees at the commencement of service and give reasonable notice of any changes in fees.

19. Advertising

- 19.1 Members must engage in appropriate informational activities which enable the public to make informed choices in relation to professional services.
- 19.2 Members must accurately represent their professional competence, education, training and experience.
- 19.3 Members must ensure that all advertisements and publications, whether in directories, business cards, newspapers or conveyed on radio or television or by electronic media are formulated accurately to convey their services to the public so that clients can make an informed decision about therapy.
- 19.4 Members must not use any description which is likely to mislead the public about their identity or status and must not hold themselves out as being partners or associates of an organisation if they are not.
- 19.5 Members must not use any professional identification (such as a business card, office sign, letterhead, internet website or telephone or directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it: -
- (i) fails to state any material fact necessary to keep the statement from being misleading;
 - (ii) is intended to, or is likely to, create an unjustified expectation; or
 - (iii) contains a material misrepresentation of fact.
- 19.6 Members must correct, whenever possible, false, misleading or inaccurate information and representations made by others concerning the Member's qualifications and services.
- 19.7 Members must ensure that the qualifications of persons in their employment are represented in a manner that is not false, misleading, or deceptive.
- 19.8 Members must only represent themselves as specialising within a specific area of Child Art Psychotherapy if they have undertaken further education, training, or experience which would enable them to practice in that speciality area.
- 19.9 Members who practise privately may advertise their services. However, advertising should be limited to a statement of name, address, qualifications and type of therapy offered and such statements should be descriptive and not evaluative.
- 19.10 Members must adhere to professional rather than commercial standards in advertising their services. They must notify related professions and referring agencies of their practice and should promote and facilitate public awareness and understanding of the profession with dignity and discretion.

20. Private practice

- 20.1 Members in private practice must confine their practice within the limits of their training. Members must neither claim nor imply professional qualifications beyond those they hold and are responsible for avoiding and correcting any misrepresentation of those qualifications.
- 20.2 Members in private practice should ensure that they obtain the client's permission to contact the client's General Practitioner, who is responsible for the client's medical welfare, and partner, carer or next of kin should it be necessary to do so.
- 20.3 Members in private practice must have adequate professional indemnity insurance.
- 20.4. Members must have adequate supervision from an accredited psychotherapist with supervisor training.

21. Referral and acceptance in private practice

- 21.1 Members in private practice must, on accepting a client, explain to the client's parents or guardians their:
 - (i) fee;
 - (ii) method of payment;
 - (iii) session times
 - (iv) notification of holidays
 - (v) notice of cancellation
 - (vi) boundaries
 - (vii) information relating to the limits of confidentiality; and
 - (viii) duty as a therapist to report infringements against minors or violent risk to others.

22. Reviews

- 22.1 Members should organise regular reviews with the client and parent(s)/guardian(s) to provide feedback and to give the parent(s)/guardian(s) the opportunity to ask questions.

23. Termination of services

- 23.1 Members, on terminating a therapeutic relationship, must write a discharge/transfer summary that includes a record of the client's response to treatment and any recommendations for future treatment.
- 23.2 Members should, wherever possible, terminate Child Art Psychotherapy services in agreement with the client and in a planned manner and must do so when therapy is no longer helpful or appropriate. When it is not possible to discuss termination of

therapy with the client, others close to the client, such as a parent, carer, guardian or case manager should ideally be involved.

24. Caseload

Members will increasingly face challenges in the workplace as conditions change but, so far as possible, should specify their own caseload, in accordance with their preferred method of working and with the best interests of their clients being the paramount consideration. Members should seek to negotiate adequate time for preparation, record keeping, administration, clinical and managerial supervision, meetings and case conferences.