

## Association of Child Art Psychotherapists, (ACAP)

### Code of Ethics and Professional Practice

January 2025

The Vasarhelyi Method of Child Art Psychotherapy is a method of psychotherapy for children and adolescents up to the age of 18. In this method the young person's pictorial language is the primary mode of communication. The approach is based on the principle that visual thinking and expression have a distinctive and direct relationship with the unconscious. Children can find it difficult to express complex emotions in words. However, in the context of a safe, therapeutic space, the young person's images can be used to contain and give meaning to their experience. In this way the images that are created are central to the process of coming to a better understanding of feelings which facilitates development of self-awareness and emotional growth.

The Child Art Psychotherapy methodology fits within the modality of Psychodynamic Psychotherapy and practitioners are trained to work with highly attuned and sensitive consideration for the complexity of the dynamics of the conscious and unconscious worlds of their client. This reflective practice is founded on the development of an enhanced knowledge of unconscious processes, including transference and countertransference, psychological defences and resistance, psychosocial and ethical considerations. Membership and Accreditation with ACAP sets high requirements for the maintenance of Professional and Ethical Practice, including CPD and fully adheres to the established European Standards for Psychotherapy as set by the European Association of Psychotherapy (EAP).

This code sets out the ethical principles, conduct, and standards for Child Art Psychotherapists. It provides guidance to ACAP members and informs and protects the public. All ACAP members must abide by this code and membership may be terminated if any member contravenes the code. Accredited Members of ACAP are in addition to this Ethical Code also bound to adhere to the Irish Council for Psychotherapy's (ICP) Standards for Working Therapeutically with Children and Adolescents in Psychotherapy (Appendix A) and the Ethical Code of the Psychoanalytic Section of the Irish Council for Psychotherapy (Appendix B.)

All Student Members training in Child Art Psychotherapy with the School of Medicine University College Dublin are bound to adhere to the ethics as laid out in this code, as relevant to students in training and in addition to those belonging to the organisation within which they are on placement. Any student found to be in breach of this code risks forfeiting their place on the training programme at the discretion of the training faculty and course supervisors.

ACAP membership criteria and categories of membership are outlined on the ACAP website and in the ACAP Membership Application Form.

ACAP has issued Child Safeguarding Guidelines which are available on [acap.ie](https://acap.ie/about2/child-safe-guidelines.html), please go to <https://acap.ie/about2/child-safe-guidelines.html>

In addition to the above the ACAP Code of Ethics takes into consideration of the following documents:

- The European Association of Psychotherapists (EAP) Statement of Ethical Principles

- The CORU Codes of Professional Conduct and Ethics for Health and Social Care Professionals

- Data Protection Act 2018 (DPA 2018) is the Irish legislation that gives effect to certain aspects of the EU's GDPR in Ireland. (Data protection ensures the privacy of the individual is protected in relation to their personal information).

In keeping with EAP's Statement of Ethical Principles, members of ACAP are fully committed to respecting the dignity of the individual and to the protection of human rights. Supporting the child or young person in developing their self understanding and emotional growth is at the centre of the work of the Child Art Psychotherapist. Maintaining mutual respect for colleagues within the profession, and within related professions, is also fundamental to the way in which Child Art Psychotherapists work.

In this document the term 'client' refers to the child or young person. Written consent is needed from legal guardian(s) prior to beginning therapy, and the client is central in the process of gaining consent. However, the referral and consent procedures may be specific to the therapist's place of employment.

The principles, actions, and standards that follow are presented under the 9 themes put forward in the EAP Statement of Ethical Principles:

1. Responsibility
2. Competence
3. Moral & Legal Standards
4. Confidentiality
5. Welfare of the Consumer
6. Professional Relationships
7. Public Statements
8. Assessment Techniques
9. Research

Additional guidelines are included under the headings:

10. Reproduction and Exhibition of Clients' 'Artwork'
11. Private Practice
12. Supervision
13. ACAP Twitter Policy Guidelines

## **1. Responsibility**

1.1 Members are responsible for establishing and maintaining the highest ethical standards in their practice and should regard the therapeutic interests of the clients as paramount.

1.2 Members should strive to practise lawfully, safely, effectively, accountably and fairly.

1.3 Members should, where appropriate, seek a written referral for a client from the appropriate agent. Members must retain the right not to accept certain clients following their assessment.

1.4 Members should obtain informed consent prior to the commencement of therapy from the child and young person's legal guardian which must be recorded in their clinical notes. If a client or their legal guardian 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.

1.5 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. This includes adhering to ACAP's Child Safeguarding Guidelines and remaining up to date with latest Children's First Training, as provided by the HSE.

1.6 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.

1.7 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) secure storage space for clients' artwork.

1.8 Members must record the client's attendance for therapy. Data and any material collected during the Child Art Psychotherapy session such as the client's record (clinical notes) and art works should be dated and securely stored to maintain confidentiality during the therapeutic relationship. It should be anonymised, removing identifying information such as name, address, date of birth, etc. (Guidelines on the anonymisation and pseudonymisation of data are available on [dataprotection.ie](http://dataprotection.ie).) Where images are transported, published and disposed, the data protection principles are applied.

In general, the client's art expressions should be kept within the therapeutic relationship and the disposal or storage of such artwork should be negotiated with the client. As per the Vasarhelyi Method the images are a form of communication within the therapeutic relationship rather than works of art and must therefore be stored with care and consideration with regard for the confidential nature of their contents. 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.

1.9 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.

1.10 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, guardian, carer, or case manager should ideally be involved.

1.11 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.

1.12 Members who are teachers, supervisors, and researchers within the field of Child Art Psychotherapy must present accurate information and maintain high standards of scholarship in their continuing education.

1.13 Members in a supervisory relationship with students or other Members must not also engage in a formal therapeutic relationship with them.

1.14 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.

1.15 Facts should be presented truthfully to clients, third party payers, and supervisees regarding services rendered and the charges.

1.16 Members should ensure that they are paid for their contribution to training programmes for colleagues or students and for supervising trainees on clinical placement.

1.17 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.

1.18 Members must not offer or accept payment for referrals.

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

1.20 Members should be mindful of commencing therapy in circumstances where the client is in the process of undergoing a psychological or psychiatric assessment and/or already receiving another psychotherapeutic intervention. In such circumstances it may be beneficial to delay the

commencement of Child Art Psychotherapy until the alternative assessment or intervention has concluded. Under all circumstances the needs and welfare of the client are paramount and in situations where complex needs are identified interagency cooperation may be necessary.

## **2. Competence**

2.1 Members must maintain high standards of professional competence.

2.2 Members must meet all minimum requirements set out by ACAP regarding training, supervision, and Continuing Professional Development (CPD). ACAP recommends members complete a minimum of 30 hours of CPD per year. See also points 2.6 and 2.7 below for further recommendations regarding CPD.

2.3 Members must represent their competence, training, and experience accurately.

2.4 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.

2.5 Members will increasingly face challenges in the workplace as conditions change but, insofar 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.

2.6 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. CPD activities can include relevant conferences, seminars, workshops, training courses, reading groups, peer networks, and attendance at association meetings and work relating to Child Art Psychotherapy.

2.7 Members should 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.

2.8 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.

2.9 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.

2.10 Members should appreciate diversity among clients for example regarding gender, sexual orientation, socio-economic background or religion, and should obtain suitable training or guidance to assure competence when working as a Child Art Psychotherapist in such contexts.

2.11 Members should establish their clients' accountable agents and encourage clients, or their legal guardians, to identify and to seek the advice of a qualified doctor or psychiatrist for their medical welfare as appropriate.

2.12 Members should assist clients in understanding their options in making their own decisions, and members will respect the choices they make.

2.13 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.

2.14 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.

2.15 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 practise while under the influence of alcohol or drugs, or if their physical or mental state might affect their ability to practise. Members should reduce their practice, or cease practicing, if their health or performance could have a negative impact on their competence.

2.16 Members have a responsibility to look after their own self care. The term self-care describes the actions that an individual might take in order to reach optimal physical and mental health. Self-care can refer to activities that an individual engages in to relax or attain emotional well-being, such as meditating, journaling, attending a therapist, physical exercise, self care workshops etc. (ref: [www.goodtherapy.org](http://www.goodtherapy.org)). Members must seek appropriate professional help for any personal problems or conflicts that may impair or affect their work performance or clinical judgement.

2.17 With regard to supervisees and research – see below.

### **3. Moral and Legal Standards**

3.1 Members must adhere to national laws and regulations. They must not condone any illegal practices.

### **4. Confidentiality**

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

4.2 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. The circumstances in which Members must seek to protect a client's confidentiality include:

- (i) within the framework of the multidisciplinary team;
- (ii) within the employers terms and conditions;
- (iii) within the bounds of multi-agency good practice for child protection;
- (iv) within private practice;
- (v) within the client-therapist relationship.

4.3 Members adhere to national guidelines regarding data protection policies.

4.4 Members must, so far as possible, seek to preserve the confidentiality of minor clients and refrain from disclosing information to a parent, legal guardian, or carer of a minor client which might adversely affect the treatment of the minor client, or place them at further risk.

4.5 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.

## **5. Welfare of the Client**

5.1 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. Examples of dual relationships include but are not limited to:

- (i) engaging in a close personal relationship with a client;
- (ii) engaging in sexual intimacy with a client;
- (iii) borrowing money from a client;
- (iv) employing a client;
- (v) engaging in a business venture with a client.

5.2 Members must ensure that any relationship they have with the client after therapy terminates is

not exploitative.

5.3 Members who are supervisors, training instructors, or personal tutors of a student or a supervisee should not engage in a dual relationship with that student or supervisee, either concurrent with, or for at least two years following termination of the professional relationship.

5.4 At the start of a therapeutic relationship, a Member must agree a clear contract with the client and their legal guardian, 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).

## **6. Professional Relationships**

6.1 Members must respect the rights and responsibilities of professional colleagues.

6.2 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.

## **7. Public Statements**

7.1 Members must engage in appropriate informational activities which enable the public to make informed choices in relation to professional services.

7.2 Members must accurately represent their professional competence, education, training and experience.

7.3 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.

7.4 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.

7.5 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.

7.6 Members must correct, whenever possible, false, misleading or inaccurate information and representations made by others concerning the member's qualifications and services.

7.7 Members must ensure that the qualifications of persons in their employment are represented in a manner that is not false, misleading, or deceptive.

7.8 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.

7.9 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.

7.10 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.

## **8. Assessment Techniques**

8.1 The Vasarhelyi Method of Child Art Psychotherapy sets out a distinct assessment process over three sessions. Feedback is given to the young person and their primary carer following this assessment period. The best interests and welfare of the client are central to this process.

## **9. Research**

9.1 Members must not distort or misuse their clinical and research findings.

9.2 As stipulated by the employing institution, e.g. University or Health Service Executive, (HSE), the same ethical and data protection principles, protocols and processes will apply to all research Child Art Psychotherapists.

9.3 Research Child Art Psychotherapists must respect the dignity and protect the welfare of participants in research.

9.4 Research Child Art Psychotherapists must abide by the laws, regulations, ethics and professional standards governing the conduct of research and publication.

9.5 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 in line with data protection principles.

## **Additional Sections**

### **10. Reproduction and Exhibition of Clients' 'Artwork'**

10.1 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 and the client's legal guardian/primary carer; and
- (ii) clearly inform the client and legal guardian/primary carer about how the material will be used.

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

10.3 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.

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

### **11. Private Practice**

11.1 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.

11.2 Members in private practice should ensure that they obtain the legal guardian or primary carer's permission to contact the client's General Practitioner, who is responsible for the client's medical welfare, should it be necessary to do so.

11.3 Members in private practice must have adequate professional indemnity insurance. 11.4

Members in private practice must, on accepting a client, explain to the legal guardian 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.

## **12. Supervision**

12.1 Members must monitor their own professional competence through clinical supervision in accordance with the Association's supervision guidelines (see additional ACAP Supervision Policy).

## **13. ACAP Twitter Policy Guidelines**

13.1 The Association of Child Art Psychotherapists (ACAP) uses Twitter to communicate with people interested in our work. @acap\_art is the official Twitter account of the Association of Child Art Psychotherapists, Ireland. It is managed by registered members of ACAP.

You can see our profile and our tweets at [twitter.com/acap\\_art](https://twitter.com/acap_art)

### **13.2 General Guidelines**

- (i) Tweets must be reflective of the ACAP values
- (ii) Be mindful that Twitter is a public space, not a personal sphere
- (iii) Content is potentially permanent. Respect your diverse audiences
- (iv) Tweets should emphasise primarily Child Art Psychotherapy practice which includes all visual arts i.e. sculpture, painting, ceramics, printmaking, digital arts, etc.

13.3 If you follow us, you can expect tweets covering some or all of the

following:

- (i) Latest news from Child Art Psychotherapy
- (ii) Art Psychotherapy conferences and events
- (iii) Content on <http://www.acap.ie>.

(iv) Information about child/adolescent mental health and well-being initiatives

(v) Child and adolescent psychotherapy material

(vi) Child and adolescent mental health matters

#### 13.4 RTs ≠ Endorsement

Retweets of content do not mean ACAP endorses that tweet. ACAP will retweet tweets from other accounts from time to time, but this should not be considered an endorsement of the content or the account. We will RT if we think our followers may find the information of interest or relevant to Child Art Psychotherapy, Art Therapy or child/youth mental health and well-being matters.

#### 13.5 Who we follow

If you follow us, we will not automatically follow you back. Sometimes we'll follow you so that we can exchange Direct Messages.

#### 13.6 Replies and Direct Messages

We welcome feedback from our followers and will try to join the conversation where possible. We are happy to respond, where relevant, to queries from the public about how to access Child Art Psychotherapy services, but regret we cannot reply to all comments and queries.

We will read all replies and DMs sent to us and endeavour to answer them within a timely manner. We will consult with our colleagues to ensure we give the most appropriate answer. We will signpost you to the most appropriate service.

#### 13.8 Data Protection

Please do not include personal/private information in your tweets or direct messages to us. This is for the protection of your personal data and private information.

## Appendix A

# ICP Standards for Working Therapeutically with Children and Adolescents in Psychotherapy

### 1. Introduction

It is generally recognized that there are common elements in all psychotherapy training courses including modality specific philosophies, theories, and skills. However, therapeutic work with children and adolescents (henceforth referred to as children) requires different knowledge, skills, and competencies. It is recommended that the ideal way to acquire these skills is within a training course that includes content and assessment components directly related to working with children.

Psychotherapists working with children need to demonstrate competence in taking into account the developmental stage of the child they are working with. They should also take cognisance of their level of dependence and their need for appropriate care. This document emphasises the centrality of the therapeutic relationship and the importance of the availability of the therapist for genuine congruent relationships. This ability to form a therapeutic working relationship with children and their families is a key skill and needs to be complemented by the therapist's ability in developing a comprehensive and collaborative understanding of the child's therapeutic needs. Each modality will approach the necessary competencies differently. Some may view the primary client as the child while others will consider child focussed therapy as happening within the family system where the family is the client rather than the individual child.

In addition to the above there is a need to develop competence in working with multi disciplinary teams and/or other systems of professionals that may be involved in the child's life.

To address these differences of working with children, ICP has adopted a set of eight standards with implementation being the responsibility of each individual section. With due regard to these standards, each modality will determine the specific requirements for their own members in regard to working with children. Each standard addresses a core area. As there is much diversity in modality approaches these core areas will need to be addressed in different ways to match the unique approach of each modality.

Each standard is deliberately broad based to allow modalities to have flexibility about how it may be implemented, yet at the same time setting an agreed common standard for safe practice. It is acknowledged that the modalities within ICP have diverse ways of approaching psychotherapy with children. These approaches range from in depth one to one work with children to methods that work with the child within the context of their family and their wider social milieu.

## **2. What is a Child**

For the purposes of this document the ICP are using the Irish legal definition of child which is:

“A child is defined as any person up to the age of 18 years; adolescence defines that period of childhood extending from puberty to adulthood” (In accordance with Irish law and the UNCRC).

# **ICP Standards for working therapeutically with children and adolescents in psychotherapy**

## **Standard 1: TAC compliant training**

In keeping with ICP general requirements for recognition of training courses and registration of members, it is essential that all those who are training in psychotherapy, including those whose client groups will include children, complete a course that is fully compliant with European Association for Psychotherapy and European Certificate of Psychotherapy standards (see appendix 1).

## **Standard 2: Work in accordance with EAP competencies for working with ‘special’ client groups as described at 10.2.4 of the Core Competencies of a European Psychotherapist.**

The European Association of Psychotherapy agreed and adopted Core Competencies of a European Psychotherapist at the EAP AGM in July 2013. These core competencies refer specifically to practice with children in Domain 10: Ethics and Cultural Sensitivities, Clause 10.2.4. This provides a relevant competency standard as a resource and guide for European Associations in relation to working with ‘special’ clients (appendix 2). This clause will facilitate each modality in ensuring that they determine and agree processes and procedures to ensure compliance.

## **Standard 3: Knowledge of child development and modality specific integration into practice**

Developmentally appropriate practice requires the psychotherapist to integrate an in depth knowledge of child development (biological, psychological, emotional, social, and linguistic), and awareness of the particular dependency and vulnerability of children, into their practice.

## **Standard 4: Recognition, respect and knowledge of the child’s individual human rights**

Children have the same human rights as adults, including the right to self determination. Such rights are only constrained by their need for due safety, protection and care and the rights of their parents and carers.

#### **Standard 5: Ethical, safe and competent practice as established by each modality**

Each modality will ensure that their Code of Ethics is sufficiently robust to ensure that members who work with children are competent to do so, and engage in safe and ethical practice with each child client and their family (as appropriate).

#### **Standard 6: Recognition of the role of the family and other systems in the life of the child**

Psychotherapists who work with children must give due consideration to the experience of children within the context of their family and other systems. This requires an understanding of and ability to work with the familial and social context of the child.

#### **Standard 7: Knowledge of current legislation in relation to the protection and safeguarding of children**

Working with children takes place within specific legal and statutory requirements. It is incumbent on all who engage in this work to maintain an up to date knowledge base in regard to child protection and relevant legislation.

#### **Standard 8: Ongoing supervision and appropriate continuing professional development**

Psychotherapists who work with children must comply with all ethical and practice requirements in relation to clinical practice, supervision and continuing professional development. Modalities will consider any specific requirements that may apply in relation to:

- appropriate supervision and/or supervisors for those who practise with children
- areas of CPD that may be required.

### **Appendix 1**

#### **European Certification of Psychotherapy Requirements**

The following is taken from the Training Accreditation Committee of the European Association for Psychotherapy and the European Certificate of Psychotherapy text.

#### **9. Training programme**

##### **9.1 Total length: 3 200 hours, spread over a minimum of 7 years**

**9.2** First 3 years of general training in human sciences (Medical, psychological, social, educational, or equivalent). Estimated length = 1800 hours

**9.3** Minimum of 4 years of training in a specific modality = 1400 hours, for example, divided into:

**9.3.1** 250 hours of *personal psychotherapeutic experience*, or equivalent in individual or group setting

**9.3.2** 500 – 800 hours of *theory or methodology*, including psychopathology, in accordance with the usual standards of the modality

- Theories of human development throughout the life-cycle
- An understanding of other psychotherapeutic approaches
- A theory of change
- An understanding of social and cultural issues in relation to Psychotherapy • Theories of psychopathology
- Theories of assessment and intervention

**9.3.3** 300 – 600 hours of *clinical practice* with clients/patients

- Either within a mental or social health setting, or equivalent

- Either with individual clients/patients, families or groups, under regular supervision Even if

this practice is not directly organized by the institute, it remains its responsibility. **9.3.4.** 150 hours of *supervision* of an effective clinical practice of the trainee. **9.3.5.** Practice does normally not take place in the first two years of the training.

Note: Exceptions of early practice must be justified by the training institution that the student has prior knowledge of practice or that the institute offers special conditions for such practices.

## Appendix 2

### **Particularly relevant clauses from the European Association of Psychotherapy Core Competencies of a European Psychotherapist Document**

10.2.4 Adapt practices if working with 'special' client groups: which involves - when working with clients where additional specialist competencies may be required and/or where their capacity



to give valid consent may be in some way restricted or impaired, as in the case of children, people with learning disabilities, people with communication difficulties, people who have experienced strokes or other mental & physical impairments, or those experiencing mental illness or any extreme or altered states – obtaining further training and awareness, additional information and input, and, where appropriate, experienced supervision, (especially if one's usual supervisor is not experienced in the particular area); obtaining valid consent from, agreeing responsibilities with, checking out the patient/client's needs, and generally communicating openly about the process of the therapy with parents, guardians, or significant others (where appropriate and without breaking professional confidentiality or ethics) and recording this; when obtaining or issuing reports relevant to such a patient/client, getting the appropriate consent from other parties (parents, guardians, etc.), consulting and informing them, involving their views, and recording this; where there are any possible language or communication difficulties, ensuring translators, those familiar with other mediums of communication, or patient advocates are present, as and when needed; and that the therapeutic environment and conditions are appropriate to the patient/clients' age, developmental stage and particular needs; etc.

ICP September 2015



## Appendix B

### Code of Ethics : Psychoanalytic Section ICP updated May 2023

#### Opening Statement

Registrants within the member organisations of the Psychoanalytic Section are expected to act with honesty and integrity in all their professional work and have a responsibility to be familiar with and abide by this Code of Ethics. Registrants must at all times act in a way that they reasonably believe to be in the best interests of their patients. A patient refers to an individual, group or couple. At all times the welfare of the patient must be paramount and every care taken to ensure that the patient is not exploited in any way. Psychoanalytic Psychotherapists strive to utilise their professional knowledge and skills for the benefit of the individual in society. They abide by and promote the values of this code within professional and social contexts.

#### Professional Conduct

- a. Qualifications disclosure : Practitioners are required to disclose their qualifications when requested , and not to claim or imply , qualifications they do not possess.
- b. Contract with the patient : Practitioners are required to disclose their terms and conditions and ( when appropriate ) their method of practice and treatment at the outset of Psychotherapy .
- c. Changes and planned breaks : The practitioner must give adequate notice of any changes in the scheduling of treatment and of planned breaks , except in exceptional circumstances .
- d. Practitioners should nominate an executor and make sufficient arrangements to manage their clinical practice in the event of their illness or

death.

- e. Non- discrimination: Practitioners must follow a policy of non discrimination on the basis of race, religion, age, language, culture, ethnic origin, gender and sexual orientation.
- f. Workplace : Practitioners shall provide a suitable and private practice space for working with patients , both in person and online .
- g. Appropriate Modalities : The practitioner must consider at the beginning whether his/her method of practice is appropriate for the particular patient and the patient's presenting symptoms . At this stage the practitioner should refer on appropriately if this appears to be in the patient's best interest .
- h. Boundaries : The practitioner must not undertake a therapeutic relationship with any of his/her own relatives or friends , nor generally with anyone closely connected with an existing patient . It is recognised that Child and Adolescent Psychotherapy may involve work with a child's/ adolescent's family as part of the therapeutic process .

### **Confidentiality and protecting the client**

- a. General : Practitioners are required to preserve confidentiality , and to disclose, if requested, any limits to confidentiality , and any circumstances under which it might be broken to specific third parties . Confidentiality should be kept as complete as possible .
- b. Records : Practitioners should make notes appropriate to the modality of psychotherapy being practised. Patient's information should be kept confidential , subject to legal and ethical requirements including GDPR , and should only be discussed within appropriate professional settings .

- c. Relationships with other professionals : The practitioner must consider the patient's best interests when making, with the patient's consent , appropriate contact with the patient's GP , or with the patient's psychiatrist or psychiatric services .
- d. Exceptions to confidentiality : Exceptions to obtaining the patient's consent in breaking confidentiality may have to be made in certain circumstances , such as :
  - 1. When there appears to be the possibility of violence from the patient to him/herself ; to the practitioner or to a third party.
  - 2. In the management of a patient who becomes psychotic or needs to be hospitalised
  - 3. Where there appears to have been or to be a possibility of abuse of a child or vulnerable person . All exceptions must be carefully considered , and whenever possible , made in consultation with a supervisor or colleague.
  - 4. Boundaries with Patients : Practitioners are required to maintain appropriate boundaries with their patients , taking care not to exploit their patients , current or past , financially, sexually or emotionally .
  - 5. Social contacts : During the period of therapeutic treatment the practitioner must be mindful to avoid social contact with the patient and the patient's family.
  - 6. Research and publication : A practitioner is required to clarify with the patient the nature , purpose and conditions of any research in which the patient is to be involved ; the practitioner must ensure that informed and verifiable consent is obtained before commencement . A practitioner is

required to safeguard the welfare and anonymity of patients when any form of publication of patient material is being considered, and to obtain the patient's consent . A practitioner must not make audio or video recordings of a patient , nor use or permit observation of the patient through a one-way screen or mirror without the patient's consent .

7. Practitioners must inform patients of the GDPR protocols with regard to their work.

### **Professional Competence and Continuous Professional Development**

- a. The practitioner must recognise his/her own limits , personally and professionally , and actively engage in professional development and personal care .
- b. Ongoing development : Generally practitioners are required to maintain their ability to perform competently , and to take the necessary steps to do so. This includes notably keeping abreast of current clinical and theoretical advances in our field . In particular each practitioner is expected to maintain a programme of ongoing professional development involving ongoing supervision , reading group attendance and attending professional seminars and lectures .
- c. Practitioner's physical and mental health : The practitioner is required to maintain his/her physical and mental health . The practitioner must refrain from practising if his/her physical or psychological condition is seriously impaired, for example , as a result of alcohol, drugs , illness or personal stress. In such a situation, the practitioner must ensure appropriate referring-on of their patients and seek professional and/or psychotherapeutic help as appropriate .

## **Ethical behaviour**

- a. Legal Issues : If a practitioner is convicted of any serious criminal offence , or becomes the subject of any legal action pertaining to his/her work as a member of their professional organisation , the practitioner shall forthwith inform the executive committee of his/her own member organisation and ensure that the committee of the Psychoanalytic Section is likewise informed.
- b. Insurance : All registered practitioners are advised to ensure that their professional work is adequately covered by appropriate indemnity insurance .
- c. Professional Conduct : Practitioners are required to refrain from any behaviour that may be deemed detrimental to the profession .
- d. Practitioner as supervisor : A practitioner shall ensure that those working under his/her direct supervision be aware of, and comply with, this Code of Ethics .
- e. Executive Committees : All member organisations of the Psychoanalytic Section shall ensure that all practitioners have an understanding of this Code of Ethics.