

Association of Child Art Psychotherapists, (ACAP)

Code of Ethics and Professional Practice

August 2024

The Vasarhelyi Method of Child Art Psychotherapy is a form 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.

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

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.

ACAP members must abide by this code and membership may be terminated if any member contravenes the code.

The original ACAP Code of Ethics (2013) has been updated May 2021 following further consideration of the following documents:

- The European Association of Psychotherapists (EAP) Statement of Ethical Principles
- The Irish Association of Humanistic and Integrative Psychotherapy (IAHIP) Code of Ethics and Practice
- 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.) 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 agent 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). 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

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.