

## **CODE OF ETHICS**

**AND**

## **PRINCIPLES OF PROFESSIONAL PRACTICE**

**FOR**

## **ART THERAPISTS**

### **INTRODUCTION**

Art therapy is a form of psychotherapy that uses visual art media as its primary mode of communication. It involves the use of visual and tactile media as a means of self-expression. Art therapists and art psychotherapists <sup>1</sup>aim to enable clients both to discover an outlet for often complex and confusing emotions that cannot always be expressed verbally, and to foster self-awareness and growth. Practitioners have evolved distinct ways of working according to their specialism. They work in a clinical context where aspects of health, ill health, difficulties and impairments are a great part of what the client brings to the art therapy sessions. In this context and as registered health professionals, art therapists and art psychotherapists are expected to exercise clinical judgement as a means of practising safely and effectively.

The British Association of Art Therapists ('BAAT') has issued this Code of Ethics and the supporting Principles of Professional Practice and Guidelines with the aim of providing Members of the BAAT ('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 Members of the public using their services.

Art therapy is a statutorily regulated profession and in the United Kingdom only those persons who are appropriately qualified and registered by the Health and Care Professions Council ('HCPC') and may legally describe themselves art therapists or art psychotherapists. These two titles are both protected by the HCPC and may be used inter-changeably by individual Members as they describe the same practice. Full Membership of the Association is only open to registered art therapists and art psychotherapists. Other professionals and Members of the public may join as Associate Members and are not bound by this Code of Ethics.

Throughout their professional life Members must:

- maintain their registration by the HCPC;
- adhere to this Code of Ethics and the Principles of Professional Practice and Guidelines for Members;
- undertake supervision in accordance with supervision guidelines;
- hold personal professional indemnity insurance (PII) as stated in the EU directive 2011/24/EU if this is not provided by an employer's vicarious responsibility insurance.
- undertake continuing professional development ('CPD') as required by both the BAAT and the HCPC.

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<sup>1</sup> Both titles are protected by law and either may be used by HCPC registered Art Therapists/Psychotherapists

## **1. Membership**

- 1.1 Only those who are registered by the HCPC in the Arts Therapy Part of the Register and entitled to use the title registered art therapist or registered art psychotherapist are eligible for full Membership of the Association.
- 1.2 Membership of the BAAT 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 practise;
  - (iii) has their registration suspended or revoked by the HCPC or are similarly disciplined by another 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 their clients as paramount.
- 2.2 Members should practise 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 if other professionals have a duty of care towards their clients and encourage clients, or their carers 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 as set out by the HCPC Standards of Proficiency.
- 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) Keep themselves informed about current research evidence that should inform their practice and aim to provide evidence-based 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 or special interest groups of the BAAT and through regular professional updates both in print and on the BAAT website.
- 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 and clinical supervisors should apply to be accredited by the Association.

### **5. Accepting clients**

Members should, where appropriate, seek a written referral for a client from the appropriate agent. Clients who self-refer should be asked to provide a written request for art therapy after the initial contact. Members must retain the right not to accept certain clients following their assessment.

### **6. Assessment**

6.1 Members must develop and use assessment methods which help them understand and serve the needs of their clients. Such assessment methods should only be used within the context of a defined professional relationship.

6.2 Members should use only those assessment methods in which they have competence through appropriate training and supervised experience.

## **7. Informed consent**

7.1 Members should obtain informed consent prior to the start of treatment which must be recorded in their clinical notes. Information should be given both verbally and in written form. 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.

7.2 Information about treatment should include:

- Clear description of the art therapy intervention
- Potential benefits for client
- Potential risks for client (e.g.: “Sometimes people find they feel a little worse at the start of therapy” or “Occasionally, children starting therapy may at first display some increase of disruptive behaviour or feelings.”)
- Possible alternatives to art therapy where NICE guidelines may suggest interventions specific to conditions (e.g. CBT for mild anxiety and depression).

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

## **8. Accountability and consistency of care.**

8.1 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.

8.2 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.

8.3 Members must keep up-to-date with research evidence defining best clinical approach and apply this knowledge to their practice. Members should also be aware of research evidence on approaches harmful for specific conditions and ensure that they do not use these.

## **9. Clinical Judgement**

9.1 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 practise while under the influence of alcohol or drugs, or if their physical or mental state might affect their ability to practise.

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

## **10. Confidentiality**

- 10.1 Confidentiality is not an absolute concept. Art Therapists have a professional duty of care to their clients which must override confidentiality, especially if there are concerns about the safeguarding and wellbeing of clients
- 10.2 Whilst information obtained from clients in conversation or through their artistic expression must be treated respectfully and professionally, confidentiality is held within a treatment team and not by any one individual, including the art therapist. This fact should be made clear to clients.
- 10.3 Furthermore, disclosure or sharing of information may be necessary. The client may request it. Importantly the law requires that art therapists disclose information in circumstances, 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.
- 10.4 The circumstances in which Members must apply the above principles 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 the safeguarding of children and vulnerable adults;
  - (iv) within private practice;
  - (v) within the client-therapist relationship.

## **11. Clients who are minors**

- 11.1 Whenever possible, Members should communicate with and involve parents/guardians and carers in planning and review meetings as this supports the process of therapy for the child or young person (CYP).
- 11.2 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. This does not mean that there should be no communication with parents/carers (see 11.1)
- 11.3 Members must take appropriate action if they believe that a young person is in danger, and must by law follow child Safeguarding policies

## **12. Dual Relationships**

12.1 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. Some examples of dual relationship are:

- (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.

12.2 Members must ensure that any relationship they have with the client after therapy terminates is not exploitative.

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

12.4 At the start of a therapeutic relationship, a Member must agree a clear contract with the client or 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).

## **13. Practice Environment**

13.1 Members must treat clients in an environment which protects privacy and confidentiality and provides a safe and functional place in which to offer art therapy 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.

## **14. Records**

14.1 Members must record the client's attendance for therapy. Material produced during the art therapy session should be named, dated, and ideally 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. Art therapists may advise to keep art works within the therapeutic space for the duration of the therapy. However, clients' requests to take art work home should also be considered on an individual basis as should requests for it to be seen publically. Ultimately the ownership of the artwork remains with the client, as does the manner of its use and 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.

14.2 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.

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

15.1 Members should always seek to obtain permission before publishing or using a client's artwork publically. Although a distinction is sometimes made between publication or exhibition to a public audience and to a limited audience or forum comprised of fellow health professionals, the BAAT recommends that wherever possible, art therapists should inform clients or their legal guardian of the intended use of their private material and obtain their consent.

15.2 Members who wish to use verbal dialogue, pictorial or written products from art therapy sessions for the purposes of research, education, publication or exhibition should:

(i) seek the informed written consent, wherever possible prior to the start of therapy, 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.

(iii) whenever possible, seek client's views, feedback or participation in the above processes.

15.3 Members must, where ever 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.

15.4 No verbal dialogue, pictorial or written excerpts from art therapy sessions should be used without the specific permission of the client, apart from when these are used for clinical supervision.

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

## **16. Responsibilities to students and supervisees**

16.1 Members who act as teachers, supervisors and researchers must present accurate information and maintain high standards of scholarship in their continuing education.

16.2 Members in a supervisory relationship with students or other Members must not also engage

in a formal therapeutic relationship with them.

- 16.3 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.

## **17. Research governance**

- 17.1 As stipulated by the employing institution, e.g. University and/or NHS Trust, research governance is a part of Clinical Governance and as such, the same ethical principles, protocols and processes will apply to all research art therapists.
- 17.2 Research art therapists must respect the dignity and protect the welfare of participants in research.
- 17.3 Research art therapists must abide by the laws, regulations, ethics and professional standards governing the conduct of research and publication appropriate to their circumstances and as laid out by their academic organisations or employers.
- 17.4 Information obtained by a student/clinician about a research participant during the course of an investigation must be held or stored confidentially and any personally identifying information should be anonymised before submission or publication of findings.

## **18. Responsibility to the Profession**

- 18.1 Members must respect the rights and responsibilities of professional colleagues.
- 18.2 Members should seek to assist and be involved in developing or changing laws and regulations relating to the field of art therapy where to do so is in the public interest.

## **19. Financial Arrangements**

- 19.1 Facts should be presented truthfully to clients, third party payers, and supervisees regarding services rendered and the charges.
- 19.2 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.
- 19.3 Members must not offer or accept payment for referrals.
- 19.4 Members in private practice must disclose their fees at the commencement of service and give reasonable notice of any changes in fees.

## **20. Advertising**

- 20.1 Members must engage in appropriate informational activities which enable the public to make informed choices in relation to professional services.
- 20.2 Members must accurately represent their professional competence, education, training and experience.



- 20.3 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.
- 20.4 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.
- 20.5 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.
- 20.6 Members must correct, whenever possible, false, misleading or inaccurate information and representations made by others concerning the Member's qualifications and services.
- 20.7 Members must ensure that the qualifications of persons in their employment are represented in a manner that is not false, misleading, or deceptive.
- 20.8 Members must only represent themselves as specialising within a specific area of art therapy if they have undertaken further education, training, or experience which would enable them to practice in that speciality area.
- 20.9 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.
- 20.10 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.
- 20.11 Members must follow the BAAT guidelines on use of logo and only use the affiliate full BAAT Member logo and not the corporate BAAT logo on all documentation and advertising. Members must also follow the HCPC guidelines in relation to the use of the HCPC logo for that purpose.

## **21. Private practice**

- 21.1 Members must comply with the current Data Protection Act. Members in private practice

who intend to hold information about clients on their home computer are advised to register with the relevant National Data Protection Authority (currently the Information Commissioners Office, ICO)

21.2 Members who wish to be listed in the BAAT approved list of private practitioners practice must:

- (i) have completed two years full time post-qualifying clinical work or four years part-time of supervised practice or equivalent number of hours
- (ii) submit an application for private practice (PP) status to the Association's Membership Group.

21.3 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.

21.4 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. Where the client does not give permission, Members should ensure that this is specifically noted in their client's records and should make a decision on whether to accept the client for private practice on a case-by-case basis.

21.5 Members in private practice should ensure they have made living will arrangements to inform clients, in the case of the therapists' incapacity or death.

21.6 Members in private practice who intend to hold information about clients on their home computer must register with the relevant Data Protection Authority.

21.7 Members in private practice must have adequate professional indemnity insurance and where necessary ensure that public liability insurance is also in place

## **22. Referral and acceptance in private practice**

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

### **23. Treatment and planning in private practice**

23.1 Members who work in private practice must make art therapy plans that:

- (i) seek to attain and maintain the client's optimum level of functioning and quality of life;
- (ii) delineate the type, frequency and duration of art therapy;
- (iii) set goals that, wherever possible, are formulated with the client's understanding and permission and reflect the client's current needs and strengths; and
- (iv) allow for review, modification and revision.

### **24. Termination of services**

24.1 On terminating a therapeutic relationship, Members must write a discharge/transfer summary that includes a record of the client's response to treatment and any recommendations for future treatment.

24.2 Wherever possible, Members should terminate art therapy 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.

### **25. Caseload**

25.1 Members will increasingly face challenges in the workplace as conditions change but, so far as possible should negotiate their caseload based on what they were employed to do, local circumstances and safe practice.

25.2 Members should seek to negotiate adequate time for preparation, record keeping, administration, clinical and managerial supervision, meetings and case conferences.

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