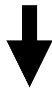
It can be very useful to perform an annual audit on these issues and this is required as good practice by most institutions. Please refer to the Art Therapy Practice Research Network audit template attached.

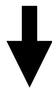
If one of your cases becomes subject to legal proceedings a court can subpoena all of your documentation/artworks. In this position you must comply with the court. You cannot hide or destroy the work at this point because you would be in contempt of court. If you should find yourself in this position you should contact your Union and BAAT. Some insurers will pay for legal advice as part of their policy.

It should be possible for another clinician to follow the chain of your clinical reasoning through your clinical notes. To make clinical reasoning explicit the 'SOAP' principles below have a good track record. SOAP is an abbreviation of a series of decision-making steps (Subjective information gathering, Objective information gathering, Assessment and Plan = SOAP), which follows a set order as follows:

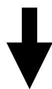
S subjective information: this is what the patient tells you about but you do not directly witness. Includes social or psychiatric history not previously documented. This would also include your impressions and counter-transference. These are valid to record as they are the recognised necessary subjective 'tools of the (clinician's) trade' but the language used needs to let the reader know they are *impressions* or *hearsay* etc.



O objective information: this is related more to established facts and to what you actually observe in the session. This tends to be more concrete such as the patient's history from their medical notes (state the source of your information) or if they fail to attend the art therapy session.[1]



A assessment: it is basic logic that any assessment should be based on the information you gather in the previous two S & O domains. It is vital that a reader can see clear links between the assessment formulation and information gathered: you need to be explicit in showing this.



P plan: the plan should be the next logical extension of the assessment, e.g. what you do can be seen to emerge logically from an unbroken chain of evidence from an assessment of the facts that were reasonably available to you at the time.

[1] *It is not necessary to get too worried about whether information is subjective or objective where there is an overlap. The useful part of the concept is it indicates the range and breadth of information you need to include and how best to refer to the items you write down.*

Notes need to meet these basic writing standards

1. Each patient should have a record
2. All entries should be in black ink
3. All entries should be signed and dated
4. All signatures should have a printed name to identify them on the same page
5. A tick box for consent information given should be clearly identifiable with date and name of therapist who gave it
6. All student entries should be counter signed by the responsible therapist
7. Any changes in the record should have a single line through them and be signed. No typing correction fluid to be used.
8. References to other people or professionals should clearly identify who they are
9. Evidence of patient history should be clearly headed
10. Assessments should be headed
11. The record should be legible and clearly organised
12. Each record is contemporaneous (within a week)
13. Collect all evidence of liaison
14. Telephone communication should be documented

Common faults in clinical notes

- Unexplained discontinuities
- Proposed actions that do not then take place
- Ambiguous abbreviations
- Jargon
- No evidence of liaison
- Legal concepts violated
- No evidence for rationale given
- Actions that have no justification
- Poor/illegible handwriting
- Referral letters absent
- Unqualified assumptions

Content of Clinical Notes

Clinical reasoning is the process by which you action your duty of care. It is by employing clinical reasoning that we weigh up all the options in a situation and chooses those that we estimate most advantageous to the patient. We have not tended to use this phrase traditionally in art therapy in this country, but it is a process we are familiar with. Reasoning in this context does not have to be perfect or omniscient: it relates to the legal concept of ‘reasonableness’ (above). The content of Clinical Notes needs to make your Clinical Reasoning Explicit.

In data protection terms, if process notes are redundant as a record of the duty of care, they can effectively be considered as a *first draft* for the **clinical notes**. No one is expected to keep all their first drafts for letters and reports etc. These can be disposed of as 'confidential waste' in line with data protection. However, you should make sure that there is no information left in the **process notes** which rightfully needed to appear in the **clinical notes**.

Also, because **process notes** involve a 'stream of consciousness' they may have unprocessed material that may appear improper or offensive in this raw state. Furthermore these notes may contain very personal information about the therapists' themselves, such as '*the patient made me feel small and insignificant just as my mother did*' etc. This subjective personal information does not survive well out of context. As an individual, the therapist also has data protection rights. It is anticipated that there will be legal test cases around this aspect of process notes.

If you choose to keep your process notes over time you should clearly define them as **process notes** and not **clinical notes** and keep them separate and under data protection principles. Some art therapists are reporting problems with policies about process notes. It is suggested that the above legal arguments are offered to the policy makers. If you work within an NHS Trust it would be useful for you to discuss developing a usable policy with your Caldicott Guardian for the storage and practice of process notes.

8. Good Clinical Note Writing Principles

Your **clinical notes** are the representation of your practice. Your notes are not legal documents but like all/any documents a court can sub-peona them, so it is worth writing them to a high standard in preparation. This will make them meet the other criterion they need to meet more effectively too.

In considering what is good practice in legal defensible notes it is useful to consider the humble bankers cheque. Whilst we are familiar with it, it actually has been refined over centuries to give ultra-clear information:

- It can only be written in ink
- The signature appears with a printed version of the name,
- It is dated
- Amendments need to be signed, not crossed out or correction fluid used.

These principles are at the heart of how notes should look. Here then is a list of good **clinical note** writing principles:

Process Notes Only	**Overlap between Process and Clinical Notes**	**Clinical Notes Only**
Optional		Mandatory
Primary purpose is to process psychic material from the session for therapist	Have some minimal processing function for the therapist.	Primary purpose is to communicate and evidence sessions to others.
Content: Unprocessed feeling responses		Content: processed feeling responses titled 'counter-transference'
Content: unmitigated description of patients		Content: mitigated descriptions of patients
Do not need to be contemporaneous		Need to be contemporaneous
Are not written to 'stand alone' or be comprehensively representative of the work.		Must be written to 'stand alone' and are a comprehensive representation of work
Can be unsequential and stream of consciousness		Must be clear and sequential
Are stored in separate notes	Can initially be compiled and stored separately by therapist	Need to ultimately be held in conjunction with MDT notes.
	Are both subject to Data Protection Act	
Long		Short

Process Notes and Legal Issues

Some art therapists (and many psychotherapists) write both **clinical** and **process** notes, but suffer much anxiety about the legal status of their process notes. The legal issues pertaining are:

- Duty of care
- Data protection

The following is a suggested way through this apparent maze.

It is advisable that you make a decision about what you wish to do with **process notes** and have a rationale for your decision. They should never be a substitute for **clinical notes**. Above all you must be sure that your **clinical notes** fulfil their purpose of clearly evidencing the duty of care at the heart of your intervention. If your **clinical notes** are done properly they effectively make **process notes** redundant as a record (of your duty of care).

The problem with this style of writing is that case studies are themselves poor preparation for **clinical notes** as their primary purpose is different: case studies are a means for trainers to examine the author's processes in detail, in order to assess their fitness to become practitioners. The level of detail needed is very high so that the reader can trace how art therapy principles are being implemented in practice.

Clinical notes should describe *what* happened but do not give emphasis to detailing *how*, in technical terms, the therapy worked. As art therapists, we do not need to justify how the therapy is working in our **clinical notes**. It should be an assumption that **clinical notes** are written by practitioners who have had their competence checked at training and State Registration and so do not need to justify this in these notes. Notice that no other professionals are doing this in their notes.

Confusing *how* the work was done with *what* work was done is a common cause of weak, long-winded and confessional notes. The information each type of documentation carries is designed for very different purposes and audiences. Process notes are confusing to non-art therapist readers. The distinctions between **clinical** and **process** can be summarised as follows:

To make your **clinical notes** work well it is useful to consider whom these various interested parties are and what information they require. This is a list of the interested parties:

AUDIENCES FOR CLINICAL NOTES		
Managers/employers Provides evidence of service delivery; Information for resource management; Information for audit.	**Other Clinicians** Continuity of Care; CPA; Handover; Coordinating approaches;	**Patients & Carers** Acess to records act; Freedom of Information Act; Data Protection Act.
Ourselves Aide de memoir; Continuity of treatment; Forms the basis for planning treatment; Collects letters and evidence of liaison; Acts as legal protection/justification for the therapist; Opportunity for research.	**Professional guidelines** Code of ethics; Code of conduct; Principles of professional practice; Guidelines; **Health Professions Council Standards of Proficiency** Record keeping required by HPC code; Evidence that other standards met.	**The Law** Duty of care; Negligence; Consent; European human rights legislation; Sequence of events.

Process notes on the other hand are a tool that art therapists use for themselves. As such their target audience is only the therapist themselves and in some limited instances, the therapist's clinical supervisor.

The use of **process notes** is a recognised, but optional, practice for therapists. Some therapists process their counter-transference by writing out notes that describe their personal feeling responses and speculations. This could be said to be done within the psychoanalytic 'free association' mode. Similarly some art therapists produce images for the same purpose. This practice of writing **process notes** is often begun in therapy training and as notes they are often also the raw material for training-based case studies.

It should be noted that there is also a body of thought that is critical of the practice of writing **process notes.** It suggests the method of writing long subjective descriptions is one taken inappropriately from other verbal therapies, or that it is a misapplied training tool used in the absence of a more appropriate model. **Process notes** are not mandatory and should not be uncritically accepted as best practice for all art therapists.

The image is subject to **data protection** in its production, display, transportation, storage, and disposal. A decision must be made by the art therapist, using the principles of data protection, each time a new way of handling the image is used. The key is to check that any personal identifiers (written or even illustrated items which might reasonably be linked to a specific person) are kept confidential within data protection. An art therapy Caldicott database is attached which gives some indications about how this might be managed.

The transportation of images requires that data protection principles be applied. Art therapists may use images for supervision if that is within the same institution. If the supervisor is external then the patient needs to be informed (see consent information below point 4). Likewise, taking images to an educational institution such as a college is valid but you need to let your patient know that you wish to use case material for educational purposes (spelling out how limited the ‘publication’ is) and record this conversation in your notes. These movements of the image are valid because supervision and education are essential in our professional life (see HPC Standards of Proficiency, BAAT principles of Professional Practice) and therefore the ‘need to know’ aspect of data protection is covered.

There is a notion that the image should be kept for three years after treatment. This is a reasonable assumption in law as for adults, three years is the maximum period within which an allegation of clinical neglect can be made. For children, and people with some forms of disability, it is longer. However storage of work is not without problems and it would not be reasonable, or even possible in some instances, to keep art works indefinitely. The reasoning here is that the clinical notes are an over-riding record of treatment and that art works, in themselves, are not.

To make notes the over-riding record of treatment there are some clear steps which are useful to follow. These steps should result in what is referred to here as **Clinical notes.** These are mandatory and your best means of evidencing your work. This second section of the following aims to give practical advice to help you write them well and make them fit for purpose.

Firstly though, it is important to tackle an area of confusion between the terms and practices of what is referred to in this document as **process notes** and **clinical notes,** as they serve very different purposes

7. Process Notes and Clinical Notes

Process notes refer to writing done by therapists in order for them to *process* the psychological content of sessions. **Clinical notes** are the official record that the art therapist produces to represent the clinical work that they have been doing with a client to third parties with vested interests.

NHS Code of Practice on Confidentiality (Nov 2003)
www.dh.gov.uk/ipu/confiden

General Medical Council
www.gmc-uk.org/standards/secret.htm

Ethics Network
www.ethics-network.org.uk/Policy/pconfidentility.htm

6 The Art Object and the Law

Whilst there is now general information available about how therapists and counsellors should consider the law in their practice, art therapists must always additionally consider how this applies to the art object. There needs to be some clarity about the professional view of how the art object works in terms of **data** and as **evidence**.

British art therapy literature strongly supports the notion of non-literal, non-fixed meaning to an image. We assume the image works on a multiple of unconscious and situation specific levels; and its meaning survives purely out of context (relationship, work setting etc). Any expert witness from art therapy called in would confirm this as normal practice (in law, where there are two differing opinions about a clinical method, both are seen as valid. Therefore this view is protected). This is why we must be cautious about ideas that an image, by itself, might 'confirm' abuse or such like. The artwork is a clinical tool and highly ambiguous as any kind of evidence in law.

In this way, as potential legal evidence, the art therapy image may usefully be contrasted to other types of images, such as an 'X-ray' image, as follows:

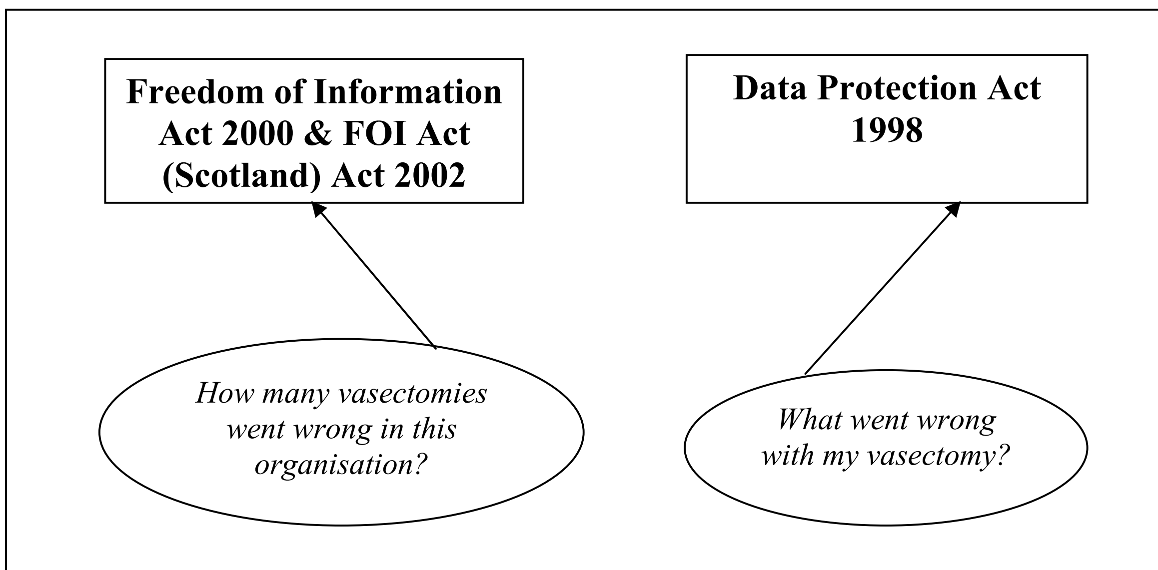
Art therapy Image/Product	X-ray
• Meaning is context specific • Images can not stand alone • Meaning cannot be agreed by all art therapists, in any context. • Meaning is elusive and changeable • Words cannot be ascribed to specific imagery	• Meaning is not context specific • Image can stands alone • Meaning is agreed by any trained professional, anywhere • Meaning is fixed and agreed consensually • Words can be ascribed and to specific imagery

Art therapists should caution those wishing to see the images produced in art therapy as freestanding evidence.

Data protection issues

How the Freedom of Information Acts fit with the Data Protection Act

It can be confusing to think about how the opposing/complimentary functions of Data Protection and Freedom of Information Acts sit together. This illustration gives the operative principle in that the Freedom of Information Act aims to make public the workings of institutions so releasing general information, whilst the Data Protection Act seeks to protect the individual's personal data.



Work emails are now potentially subject to scrutinisation; think of them as public documents

For more information:
Scotland: www.scotland.gov.uk/Topics/Government/FOI
England N. Ireland & Wales:
www.foi.nhs.uk
www.informationcommissioner.gov.uk
http://www.cfoi.org.uk/

Further Guidance on Confidentiality

The following websites give good practical guidance and case studies which are generic enough for art therapists to use.

Royal College of Psychiatrists
Good practice guidance on confidentiality
www.rcpsych.ac.uk/publications/cr/cr85.htm

- NHS organisations (and other may also) have a designated Data Protection Officer
- The Information Commissioner's website: http://www.datprotection.gov.uk

Caldicott

The term 'Caldicott' refers to a review commissioned by the Chief Medical Officer. A review committee, under the chairmanship of Dame Fiona Caldicott, investigated ways in which patient information is used in the NHS. The review committee made recommendations aimed at improving the way the NHS handles and protects patient information.

Six Caldicott Principles

1. Justify the purpose(s) of using confidential information
2. Only use it when absolutely necessary
3. Use the minimum that is required
4. Access should be on a strict need-to-know basis
5. Everyone must understand his or her responsibilities
6. Understand and comply with the law

The Caldicott website:
http://www.doh.gov.uk/ipu/confiden/

Art Therapists who work in the NHS (and some other organisations too) will have a designated Caldicott Guardian to consult.

A good way of making sure you are Caldicott compliant is to compile a Caldicott Database. An example of an art therapy Caldicott database is attached. This gives transparent justification for the use of information. It can be useful for audit principles.

The Freedom of Information Act 2000 & Freedom of Information (Scotland) Act 2002

- Aims to 'light up the corridors of power and public institutions'
- The FOIA became fully operational in January 2005 & in Scotland in December 2005
- Cultural shift from 'need to know' 'to right to know'for the data subject
- Every written request, including emails, must be dealt with within 20 days
- 23 exemptions but disclosure is the default position

Information commissioner has the power to enforce compliance.

The Data Protection Act became law in March 2000. It sets standards that must be satisfied when obtaining, recording, holding, using or disposing of personal data.

The Act covers most manual records, e.g.

- Health
- Personal
- Occupational health
- Volunteers
- Finance
- Suppliers
- Contractors
- Card Indices

The 8 Data Protection Principles

Personal data must be:

1. Processed fairly and lawfully
2. Processed for specific purposes
3. Adequate, relevant and not excessive
4. Accurate and kept up to date
5. Not kept for longer than necessary
6. Processed in accordance with the rights of data subjects
    - Subject access
    - Prevention of processing
    - Prevent processing for direct marketing
    - Automated decision taking
    - Compensation
    - Rectification/blocking/erasure
    - Request an assessment
7. Protected by appropriate security (practical and organisational)
8. Not transferred outside of the European Economic Area without adequate protection

This means that Art Therapists must

- Inform data subjects why they are collecting their information, what they are going to do with it and with whom they may share it
- Only use personal information for the purpose(s) for which it was obtained
- Only collect and keep the information they require (not 'just in case it might be useful one day' e.g. taking evening telephone number when you will only phone in the day), they must have a view as to how it will be used.
- All abbreviations must be explained
- Take care to have mechanism to ensure the information is accurate and up to date
- Check their organisation's retention and disposal policy

- Attendance: when we have agreed a programme with you, we ask that you try to keep to it and to let us know on the contact number provided if you are going to be absent. Regularity of attendance has been found to be an important part of helping you.
- Timekeeping: we ask you to arrive and leave on time, staying in the session for the whole time if possible.
- Confidentiality: anything you hear talked about in the art therapy group should be kept private and we ask you not to discuss outside the group.
- Your art therapist works as part of your care team (you may spell this out – include the clinical supervisor) so anything you say may be shared with other professionals in that team. Only in exceptional circumstances where either you or somebody else is at risk might the things you discuss in sessions be taken further.
- Storage: we ask you to keep your artwork in the department for the duration of your treatment. You can take your work with you at the end of treatment if you wish. Otherwise we will keep your artwork for a period of three years after which it will be confidentially disposed of.

<u>What is an Art Therapist?</u>

This will say how long training is and what safeguards are in place for the patient.

- Only someone who has done a recognised training and is State registered with the Health Professions Council can call himself or herself an art therapist. All members of the department are fully trained and registered.
- Art therapists are trained to MA level and training takes a minimum of six years full time, though many train for longer.
- The Health Professions Council is a governmental body designed to protect the interests of the public when they seek a health care practitioner. (www.hpc.org)
- Art therapists are also registered with the British Association of Art Therapists (BAAT) – (www.baat.org)

If you wish to complain or make a compliment about the art therapy service you receive please contact…

5. Confidentiality

As art therapists we deal with a great deal of sensitive personal information and we need to be thoughtful in its handling. There are specific laws and principles that currently govern confidentiality and these are as follows:

The key legal frameworks for this are given below:

Data Protection Act 1998

You will need to record in your notes explicitly that you gave the leaflet/ explanation and the date it happened. It is not necessary to gain written consent for treatments like art therapy as the legal precedents show that that level of consent is only necessary for surgical operations. That you record that you have given explanation or leaflet has validity because it is you taking the risk as a professional to make a public statement.

Here are some suggestions (though not an exhaustive list) for information leaflets and explanations to be given at consent:

<u>What is Art Therapy?</u>
You need to be explicit that personal issues may be discussed, it is not diversional and there is potential for feeling somewhat worse at times.

- Art Therapy is a form of psychotherapy that uses a mix of talking and art making.

- You do not need to be good at art to use art therapy. Art Therapy is not an art class and the aim is not to increase your art skills or make finished pieces of art for exhibiting.

- You may talk with your art therapist about your personal problems, your artwork and your feelings and thoughts. The aim is for you and your therapist to work together, using the art you make to think about what is happening for you personally. Sometimes this can be very moving, or even upsetting for a while.

You need to give some impression of <u>what the sessions will entail</u> and what boundaries are in place, particularly about confidentiality.

- It is up to you to decide if you wish to start art therapy, if you do not wish to take up an offer of therapy that is absolutely fine.
- Your art therapist's name is……………………..
- Your art therapist is someone who has received an extensive training in working with people's problems and distress.
- Your art therapist will not be analysing your work without your involvement.
- You may meet with the art therapist to discuss your problems so an assessment can be made about how best to help you. The art therapist will talk or write to you after a short time to tell you the outcome of the assessment. You may then be offered either a group or individual work. You may have to wait for a period of time after your assessment for treatment to start.

- Duration of treatment: your group will last for a period of two years and we ask you to stay for this whole period if you can; or your art therapist will discuss with you how long your treatment will last. If you wish to terminate your treatment please discuss this with your art therapist.

Damage: a resulting medical or psychiatric condition. Feeling 'shocked' 'upset' or being offended etc would not count, as they do not have the recognised symptomatology of a medical condition (as verifiable by a medical doctor acting as an expert witness). The diagnosis of 'Post Traumatic Stress Syndrome' would qualify if proven, but only if direct causality to the therapy could be proven.

Reasonableness: the court will consider how the defendant acted compared to a hypothetical or real (expert witness) person who is similarly qualified. The court will consider what information was available at the time to the defendant (to judge the foreseeable consequences of action), but will also look carefully at the defendant's liaison to ascertain if they had found out a *reasonable* amount of information. Whilst ignorance is no defence in the Law, no one can *reasonably* be expected to know all the factors outside their ordinary parameters of operation, or to foresee the future. Here the law does not expect perfection. The law will consider what the ordinary, hypothetical person would have reasonably done at your grade or experience.

4. Consent

The focus on consent has increased in recent years because of the European Human Rights Act (particularly Article 3), which enshrines the rights of the individual to determine what happens to them. BAAT Code of Conduct and Professional Guidelines give guidance on the process of consent and you are referred to these at www.baat.org for this information. Further general information can be obtained from www.doh.gov.uk/consent. The Royal College of Psychiatry 'Treatment Decisions in Young People (1) the legal framework' is a useful reference point too (www.repsych.ac.uk/cru/focus/infosheet1.htm).

Before an individual receives any kind of medical or therapeutic treatment they need to give their 'informed consent'. 'Informed' means that they must know what the treatment involves, what it is aimed at, what the potential risks are and their alternatives (including what may happen if they do not go ahead with treatment). You will need to take account of the patient's level of understanding of English in your consideration of understanding the information.

Consent must not be given under duress and can be withdrawn at anytime.

The use of an art therapy introductory leaflet for patients (where appropriate) as well as verbal explanation will give you useful protection because it gives the patients another level of information that they can consider without any pressure and can act as a record of what was said. Below is a list of points that may need to be made either verbally and/or by leaflet. Generally if the patient is non compos mentis then the carer/guardian would consent – this may be a clinical team in some cases. The information to be given is the same though.

someone to whom you owe a professional or other duty of confidentiality (*concept outlined below*).

Any citizen may owe duties in Tort to other citizens, without having entered into a contractual agreement with them. The exchange of money or promises is irrelevant. It is the existence of a duty of care to one's fellow citizens that is important e.g. an art therapist employed by an institution is not under contractual obligation to his/her patients. But if a private practice art therapist provides treatment to a patient that pays them, he/she may be liable in both Contract and Tort.

The scope and limitations of your Professional duty of care is defined by your training (what you have been trained to do safely and effectively), State registration (standards of proficiency), your employment contract and Job Description (what you are employed to do) and the referral you are working under (what you have been asked to do).

As stated above, you will need to be aware of the policies provided by your employing institution. These policies are designed to minimise any legal problems caused by the organisation's staff and as such will give guidance to protect you. Likewise, making sure your practice is informed by the publications from regulatory bodies such as the **BAAT Code of Ethics** and **Principles of Professional Practice** (available from www.baat.org), the **Health Professions Council 'Standards of Proficiency'** and **DoH/ AHP 'Ten Key Roles for AHPs'** will strengthen your legal position.

3. Key Legal Concepts for Art Therapists

It is useful to have a working knowledge of the key legal concepts of Tort, as they are not always apparent from local policies themselves. These are:

Duty of Care: As a health care professional, all one's actions, decisions, clinical reasoning and liaisons on behalf of the patient designated to be in your care must be directed towards the well being of the patient. One's clinical notes must explicitly lay out how all actions are fulfilling the duty of care, as it is precisely this that will be examined in the legal situation.

Duty of care to the patient or other will override all other concerns, including confidentiality.

Negligence: a severe breach of duty of care, e.g. a wrongful act or an omission of an action, which results in a 'damage' that was a foreseeable (or likely) consequence of the original wrong.

1. When therapists might come into contact with the Law

The areas of the law that an art therapist needs to understand are those they are likely to encounter. These are as follows:

- Private practice: the Law of Contract
- Law of negligence
- Law of confidence/data protection
- Patients who are involved in: claims for compensation for past abuse, childcare proceedings, debt or housing difficulties, criminal proceedings as victim or perpetrator
- Witness in a coroner's court such as in respect of a suicide inquest
- As an expert witness in relation to a client's emotional health in civil or criminal proceedings. This may involve writing a report.
- Involvement in conciliation of marital disputes, particularly where children are involved
- Therapist accused of malpractice or negligence or financial exploitation
- Child protection, adoption and fostering
- Immigration and asylum issues

2. Understanding the Law: the differences between Contact and Tort

Both contact law and tort are concepts that deal with the civil obligations that citizens have towards each other.

A **contract** is a legally enforceable mutual agreement or bargain – considerations need to have been exchanged for this to be made and it can be made verbally (as in buying milk at the shop). A **Tort** is different; it is a civil wrong or injury done to one citizen by another not governed by **contract**.

Contract law is concerned with ensuring that citizens keep their commercial or trade promises to each other in a free market economy. It applies to freely entered into legally enforceable agreements between individuals. The obligations can only be enforced against each other and not against persons who are not parties to the contract. This will only apply to art therapists working in private practice – e.g. where you have a direct contract with your patient.

Tort law is concerned with ensuring that citizens compensate each other for any damage, pain or suffering they may cause each other by behaving carelessly or in bad faith e.g. by acting negligently *(concept outlined below*) towards someone to whom you owe a non-contractual duty of care (*concept outlined below*) and causing them injury; by disclosing without justification private information about

Introduction

Note writing and the law is a subject which concerns all clinicians. It is a subject where it is possible to have some straight forward advice in some respects whilst in others a reasoned judgement is required. This pack aims to equip art therapists to do that.

It is a subject which has a profound dynamic impact too. The mention of the word law can have the capacity to paralyse thinking with anxiety. Some local arrangements have some clear irrationalities that find their way even into policies. Because they are justified by the phrase 'it is the law', they seem to go unchallenged. The only subject to come close to this level of thought stopping anxiety would perhaps be evidence based practice (EBP). The common factor may be that both the law and EBP have the notion of rules and accountability to a third party through evidence.

Policies are only ever an interpretation of the law. Understanding basic legal concepts and terms increase your potential to argue for what you need on a more rational and constructive footing. Understanding tends to lower anxiety too and this is an aim of this information pack. I would also stress (as in the BAAT EBP 'off the peg audit pack') that art therapists should not be surprised that they may have to educate their managers on the subject, as the level of understanding of the law in health care is low or inhibited by anxiety.

This pack is designed to equip art therapists with the basics of law and to give practical advice on organising their information so that it functions well as potential evidence. The pack directs you to websites and help-lines you can contact which I have found friendly and practical.

Contents:

1. When art therapists might come into contact with the law
2. Understanding the law
3. Key legal concepts for art therapists
4. Consent
5. Confidentiality
6. The art object and the law
***7.* Process notes and Clinical Notes**
***8.* Good note writing principles**

Attached:

- ***Art Therapy Caldicott database***.
- ***Documentation audit tool***