



2020

Code of Professional Conduct and Ethics

Code of professional conduct and ethics for creative arts therapists:
Art therapists, Dance Movement therapists,
Drama therapists, Music therapists.

Governance Document

All Members and student Members are expected to be responsible and aware and work at all times within this Code of Professional Conduct and Ethics. In the case of dispute, Members will be expected to be aware of & have referred to this document, since they will have signed it upon successful application and renewal each year. It will be binding from the date it is signed either in person or by electronic means.

This will replace all previous documents and applies to all Professional and student Members¹ of the Association. Members have a duty to be aware and work within current laws and guidelines, e.g. Children First 2017 ², the Data Protection Acts and GDPR³, Safety, Health and Welfare at Work Act, 2005⁴ and employers' policies, for example, Policy, Procedure, Protocol and Guidelines (PPPGs).⁴ Members also need to be aware of revenue obligations in relation to self-assessment and VAT if self-employed.⁵

Acknowledgements

The Code of Professional Practice draws on the Codes and Principles of Professional Practice of CORU⁷, the HCPC, AATA, BAAT, BADTh, Sesame, BAMT and ADMP. IACAT gratefully acknowledges the help of the Health and Care Professions Council, the American Art Therapy Association, the British Association of Art Therapists, British Association of Drama Therapy, Sesame, British Association of Music Therapists and the Association of Dance Movement Psychotherapists in our preparation of this Code. Special thanks are due to Raphaela Heaslip, Sesame practitioner, and Neil Springham, Art Therapist, and Dr Helen Payne, Dance Movement Therapist, for their careful reading of the text and to Sarah Jayne Orange for her editing. IACAT is also very grateful to members of IACAT and Council members (past and present) for their involvement in the production of the Code of Ethics. On this revised edition (2019) thanks are due to Council members Ed Kuczaj, Maggie Dagge and Heidi Morrison.

¹ Referred to throughout as 'Members'.

² **Children First National Guidelines for the Protection and Welfare of Children**

The term "Children First" was originally used in relation to Children First: National Guidelines for the Protection and Welfare of Children, first published in 1999 and reviewed and updated on a number of occasions since then, most recently in 2017. Since the enactment of the Children First Act 2015, the term is now a generic term used to encompass the guidance, the legislation and the implementation of both. The Children First Guidance (Children First: National Guidance for the Protection and Welfare of Children) promotes the protection of children from abuse and neglect. It sets out definitions of abuse, and signs for its recognition. It explains how reports about reasonable concerns of child abuse or neglect should be made by the general public and professionals to Tusla – the Child and Family Agency. It sets out what organisations need to do to keep children safe. Finally, it also describes the obligations under the Children First Act 2015 and who they attach to.

<https://www.dcy.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf>

³ The Data Protection (Amendment) Act 2003 <http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/html>. And The Data Protection Commission (GDPR 2018) <https://www.dataprotection.ie/en/dpc-guidance> ⁴ Safety, Health and Welfare at Work Act 2005, S.I. No. 299/2007 — Safety, Health and Welfare at Work (General Application) Regulations 2007 <http://www.irishstatutebook.ie/eli/2005/act/10/enacted/en/print>

⁴ HSE <https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/>

⁵ Revenue <https://www.revenue.ie/en/self-assessment-and-self-employment/guide-to-self-assessment/index.aspx> ⁷

Framework for a common Code of Professional Conduct and Ethics. Adopted as guidelines under Section 31(7) of The Health and Social Care Professionals Act, 2005, on 11 February 2010.

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⁶ Updated 2007

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Introduction

This document sets out the standards of conduct, performance and ethics the IACAT expect from Members, and people who are applying to become full Members. It is also to inform and protect members of the public seeking and using services from IACAT Members.

The Code applies to any other work undertaken as a Member, e.g. as a team building facilitator or training workshops, while teaching or offering supervision. The Code is intended to be generic, even though differing theoretical and practical considerations inform Members.

⁷ Headings adapted from those in CORU Framework for a Common Code of Professional Conduct and Ethics

Full Membership of the Association is only open to fully qualified creative arts therapists and creative arts psychotherapists.⁸

Members must:

- abide by this Code of Professional Conduct and Ethics
- undertake clinical supervision in accordance with the supervision guidelines⁹; and
- undertake continuing professional development (CPD) as required by the Association

Membership of the Association may be terminated in respect of any Member who:

- contravenes this Code of Professional Conduct and Ethics
- is convicted of a crime which has a bearing on their fitness to practise
- is disciplined by another health care regulatory body; or
- is expelled from or disciplined by another professional organisation.

(Note: In this document, the term 'service users' is used to include patients, clients and service users).

1 Overview of the Code

1.1 Your duties as a Member

Each Member has a duty to protect the health and well-being of people who need his/her services in every circumstance. In order to protect the public, the Member shall adhere to this code of professional conduct and ethics and shall:

1. demonstrate Ethical Awareness
2. respect the rights and dignity of all individuals
3. comply with the laws and regulations governing the practice of his/her profession
4. carry out duties in a professional and ethical way
5. ensure that any advertising is truthful, accurate, not misleading and complies with any relevant legislation
6. undertake research ethically
7. keep professional knowledge and skills up to date
8. act within the limits of the Member's knowledge, skills and experience and, if necessary, refer on to another professional
9. maintain proper and effective communications with service users, carers and other professionals.

⁸ Criteria for full membership are laid out in a separate document, available from the IACAT office and on the IACAT website.

⁹ Currently being revised

10. assist and advise recently qualified Members and students
11. effectively supervise tasks appropriately delegated that you have asked other people to carry out
12. obtain informed consent to carry out assessments or provide treatment/interventions (except in an emergency where the service user is not capable of giving consent)
13. keep accurate service user records
14. deal safely with risks including those governed by relevant legislation, for example, the Safety, Health and Welfare at Work Act, 2005 and employers' policies, for example Policy, Procedure, Protocol and Guidelines (PPPGs)
15. limit work or stop practicing if the Member's performance or judgement is affected by health issues. Each Member has a duty to act if health issues could be harming his/her fitness to practice
16. act in the best interests of service users
17. respect the confidentiality of service users except where obliged to disclose material under the law.
18. maintain high standards of personal conduct. You must (behave) conduct yourself with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession
19. provide any important information about conduct, competence or health to the Association.
20. get informed consent to give treatment
21. if working in conditions or situations which may expose client(s) and therapist to the risk of infection (e.g.covid) all precautions will be taken into account by the Member to carry out sessions in a safe manner, referring to any HSE/ IACAT or organizational guidelines.
22. practice solely within the limitations of your training and experience
23. keep up to date with new legislation and association guidance which may affect your practice.
24. regularly undertake CPD.

2 Code of Professional Conduct and Ethics

2.1 Demonstrate Ethical Awareness

Each Member will accept the obligation to study and understand the provisions of this Code of Professional Conduct and Ethics.

Each Member must avoid entering into agreements or contracts which might oblige them to contravene provisions of the Code of Professional Conduct and Ethics.

Each Member should take care when ethical issues arise. A suggested procedure for dealing with ethical dilemmas is attached at Appendix A.¹⁰

¹⁰ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

2.2 Respect the rights and dignity of all individuals

Each Member must show through their practice and conduct a respect for the rights and dignity of all individuals regardless of:

- gender
- family status
- marital status
- age
- disability
- sexual orientation
- religion
- race
- ethnicity, including membership of the Traveller Community □ nationality

Members should be capable of working across different cultural groups. Members' behaviour, attitudes and policies need to support effective work in cross-cultural situations. Members should be aware of dynamics that can come from differences in culture and study and develop their practice and services to better serve service users' needs.

2.3 Comply with the laws and regulations governing the practice of his/her profession Each Member must be familiar with laws and regulations governing his/her profession and inform themselves of changes.¹¹

2.4 Carry out his/her duties in a professional and ethical way

Each Member must carry out duties and responsibilities in a professional and ethical way. Service users are entitled to receive good and safe standards of practice and care. Our aim is to protect the public from unprofessional and unethical behaviour. Members must be familiar with the

¹¹ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

standards they are expected to meet. The purpose of these standards is to protect the public. Each Member must make sure that s/he behaves with integrity and honesty.¹²

2.5 Ensure that any advertising s/he does is truthful, accurate, not misleading and complies with any relevant legislation¹³

Members must:

- provide clear facts to help the public to make informed choice about professional services
- describe truthfully their qualifications, education, training, professional competence and experience
- be precise and accurate in all advertisements and publications, whether in directories, business cards, newspapers or conveyed on radio or television, electronic media or other means, so that service users can make informed choices about therapy
- not describe themselves, their ability, identity or status which is likely to mislead the public. Must not portray themselves as members, partners or associates of an organisation if they are not
- not use any professional documents (e.g. letterhead, business card, office sign, blog, website or telephone or other directory entry) if it contains any declaration that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it:
 - misrepresents by omission of fact;
 - generates, or may generate, an unfounded expectation; or
 - actually misrepresents the truth
- correct any misrepresentation, untrue or misleading information put forward by others in relation to the Member's qualifications and services
- ensure that the employees' qualifications are honestly described in a way that is not untruthful or misleading
- only state or imply that they specialise in a particular clinical area if they have taken further education, training or experience to support them to practice in that specialist area.
- advertise services according to professional rather than commercial standards
- show dignity and care while enabling public awareness and understanding of the profession, as well as while telling allied professionals and referring agencies about their practice.
- not use the IACAT logo or indicate they are a registered member when their membership has lapsed

¹² pted from CORU Framework for a Common Code of Professional Conduct and Ethics

¹³ pted from CORU Framework for a Common Code of Professional Conduct and Ethics

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Members practicing privately may advertise their services. Any advertisements should describe their name, contact details, qualifications and type of therapy. Descriptions should be descriptive rather than evaluative.ⁱ

2.6 Undertake research ethically

1. Proposed research projects should be submitted to the appropriate Research Ethics Committees or other appropriate authority for approval prior to commencing research. Research should not proceed under any circumstances without the necessary ethical approval. Such approval should be identified in the research documentation e.g. participation, recruitment, communication.¹⁴ Members must abide by any research and publication laws, regulations, ethics and professional standards.
2. Prior informed consent must be obtained, at least one week beforehand, and recorded if service users are to be involved in any form of research. The aims and methods of the proposed research, together with any potential hazards or discomfort and information about how their details will be used should be explained to the potential participant.¹⁵ Members must respect the dignity and protect the welfare of research participants.
3. If consent is unobtainable from the service user, the Research Ethics Committee or other appropriate authority must approve the method of obtaining consent.¹⁶
4. Research activity must preserve anonymity and/or confidentiality unless permission has been given by the potential participant to use his/her name.¹⁷ Course heads are responsible for providing Client Consent Forms for student researchers. Data and material resulting from research projects should be kept in a secure way for at least 8 years.
5. Refusal to participate in research must not influence the delivery of service to the service user in any way.²⁰
6. Participants need to be informed that they are given the choice to withdraw from the research at any time without having to give a reason.
7. Researchers must ensure that results of research with therapeutic implications are clearly presented. If benefit, or harm, is identified in practice this has ethical implications for members.
8. Researchers must not offer any privileges (such as jumping waiting lists for treatment) to clients for agreeing to participate in research or publication or other presentation of their case material. Service users may be offered vouchers or a minimal payment.
9. Researchers conduct and publish work according to international standards of good practice. Members must acknowledge colleagues' or other participants' contributions; financial or other support e.g. from funding bodies, academic institutions or employers, who may have their own guidelines and rules.
10. Trainees/ students should both work within the IACAT Code of Ethics on research as well as the research ethics of their training institutions.

¹⁴ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

¹⁵ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

¹⁶ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

¹⁷ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics ²⁰

Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

3 Standards of Performance

3.1 Keep professional knowledge and skills up to date

Members must undertake CPD to maintain their skills, knowledge and clinical experience. Activities taken as part of CPD must aim to maintain and develop professional expertise. Members are expected to:

- be aware of current thinking, best practice and clinical developments in their clinical area(s)
- take available opportunities at work, attending conferences, workshops, lectures and training
- keep in touch with fellow creative arts therapists through regional or other groups of IACAT

IACAT advises members to keep a file where they store certificates from events attended, record meetings and relevant staff trainings, experiential workshops, art expressions in their own modality, etc. This will be a requirement for future State Registration. There is a template record sheet in the IACAT CPD Guidelines.

Members should also make themselves aware of any IACAT or relevant organizational policy documents or guidelines relevant to their work practice.

3.2 Act within the limits of professional knowledge, skills and experience and, if necessary, refer on to another professional¹⁸

Members are expected to work within their scope of practice (treating and advising on cases in which they are competent, determined by their education, training and experience). When working at the edges of their clinical experience, Members are expected to undertake extra supervision or consultation with relevant professionals. If at all possible, Members should make themselves aware of service users' other therapies or treatments and make appropriate clinical decisions accordingly.

3.3 Maintain proper and effective communications with service users, carers and professionals.

Each Member must take all reasonable steps to make sure that s/he communicates properly and effectively with service users, their carers and family.

Members must also communicate effectively, co-operate and share their knowledge and expertise with professional colleagues and students for the benefits of service users.¹⁹ Whilst confidentiality should be maintained about personal details, confidentiality should not be used as a reason to not

¹⁸ pted from CORU Framework for a Common Code of Professional Conduct and Ethics

¹⁹ pted from CORU Framework for a Common Code of Professional Conduct and Ethics

share more general information as it affects carers and families, or where it affects the best interests of the service user.

3.4 Assist and advise recently qualified Members and students

Members should assist and advise recently qualified Members on the development of correct professional values, courtesies, attitudes and behaviour required when dealing with others.²⁰

3.5 Effectively supervise tasks appropriately delegated

People who consult or receive treatment or services from Members are entitled to assume that a person who has the knowledge and skills to practice their profession will carry out their treatment.

- When a Member delegates tasks to another person to carry out on his/her behalf, s/he must be sure that they have the knowledge, skills and experience to carry out the task safely and effectively. Authority can be delegated, but not responsibility.
- A person should not be asked to perform tasks which are outside their knowledge, skills and experience except under the direct supervision of experienced Members.
- Each Member must recognise that the Member remains accountable for the task delegated to other Members and responsible for the task delegated to students or others.
- In the situation where a person tells a Member that they are unwilling to carry out a task because they do not think they are capable of doing so safely and effectively, the Member must not force them to carry out the task. If their refusal raises a disciplinary or training issue, it must be dealt with separately, and the safety of the service user must not be endangered.²¹

3.6 Obtained informed consent to provide therapy or carry out assessments.

Members should obtain informed consent for treatment, recording it in official notes. If possible, Members should arrange for a qualified interpreter, signer or other support when a service user has problems understanding the language or procedures used.

A client's consent to treatment may change during the treatment process; Members must be willing to engage the service users and review informed consent to treatments and interventions. Where the service user is considered to be incapable to giving consent in the above terms, Members must look for agreement from all or some of the following persons:

- primary therapist
- primary carer
- Multi-disciplinary Team (MDT) concerned.

²⁰ pted from CORU Framework for a Common Code of Professional Conduct and Ethics

²¹ pted from CORU Framework for a Common Code of Professional Conduct and Ethics

It should be understood that no one else can give consent for a non-urgent treatment or process except in the case of:

- a minor where the nearest relative can consent
- a ward of court, when it's a matter for court to decide
- a child in the care of the local authority when it's a matter for the local authority to decide.

Beyond these exceptions the law is uncertain exercising duty of care.ⁱⁱ

On commencement of therapy with children, their parents/guardian/carers and service purchasers should be communicated with beforehand.

As far as possible Members must attempt to protect the confidentiality of child service users and abstain from disclosing information to the parent, guardian or carer of a minor service user which might harmfully affect the therapy of the minor or place them at additional risk. Confidentiality cannot be absolute when the issue of risk is present. Parents will be treated as partners in care with limited disclosure of confidentiality.

See Appendix C for Policy on Touch in Clinical Practice.

Members working within the education system should make certain that they adhere to Children First Guidelines²², the Department of Education's rules²³ concerning touch, as well as those of the institution in which they work.

See Appendix B for Policy on photography, filming and broadcast.

3.7 Keep accurate service user records

The term 'records' includes:

- written records
- photographs/slides and other images made by the therapist
- microform (microfiche/film)
- audio and video tapes, cassettes, CD-ROM and digital files
- e-mails
- digital records
- computerised records²⁴

Telephone communications with or about the client should be recorded in the notes.

²² <https://www.dcy.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf>

²³ Department of Education and Skills Child Protection Procedure for Primary and Post-Primary Schools
<https://www.education.ie/en/schools-colleges/information/child-protection>

²⁴ Data Protection Act must be respected. Although Arts Therapists are not required to register with the DPC, prior to registration with CORU, we are required to follow guidelines. Data Protection Act (Amendment) 2003 and GDPR 2018.

Records should not include abbreviations, jargon, irrelevant speculation and offensive statements.

A clear record of all therapy sessions, and communications concerning the client must be maintained for:

- continuity of treatment
- clarity of thinking
- analysis of process and content
- presentation for supervision
- communication with colleagues
- clarity in the case of litigationⁱⁱⁱ

Information on service users' right to access manual health records can be found online. The Data Protection Act (Amendment) Act 2003 gives service users access to computer held records. It also regulates the storage and protection of client information held on computer.

Sometimes, information may need to be withheld from a client.²⁵

Members working within organisations must clarify under which circumstances other professionals will have access to clinical notes. All records may be requested for inspection if any of the exclusions to confidentiality are activated.

Guidelines for the retention of records can depend on current legislation and health services policy statements. Current Irish law gives the following retention times:

- Healthcare records of an adult – eight years after last treatment or death.
- Children and young people – until the patient's 25th birthday, or 26th if the young person was 17 at the conclusion of treatment, or eight years after the patient's death. Guidelines for public hospitals also recommend keeping records for longer periods if the contents have relevance to adult conditions or have genetic implications.
- Maternity records – 25 years after the birth of the last child.
- Records of a mentally disordered patient – 20 years after last treatment or eight years after death.

Any notes or artefacts must be destroyed in confidential conditions.

All arrangements for recording client work must be secure to maintain confidentiality, i.e. kept in a locked cupboard or, if in digital form, stored according to the Data Protection Act²⁶ and GDPR 2018.

²⁵ Irish: http://www.citizensinformation.ie/en/health/legal_matters_and_health/access_to_medical_records.html

²⁶ Data Protection Act (Amendment) 2003. Since Arts Therapists are not included under the Health and Social Care Professions Act (2005) Amendment, we do not fall under the heading 'health professionals' for these purposes. There would be no exemption if included. However, the Act *applies* to arts therapists. Once they hold information, the General Data rule applies. Refer to the Data Protection website for organisations Guide to Data. There is guidance there on storing information on the 'cloud'. Refer to the FAQs for further details. (Responsibilities of Data Controller,

Members in private practice must make certain that clients will be informed should they die or become incapacitated. [A sealed letter with instructions could be left in the care of their supervisor. Next of kin should have instructions to inform the supervisor].

Members must record service users' attendance for therapy. Material made during therapy sessions should be named, dated and kept securely during the therapeutic relationship. In general, service users' art expressions should be kept within the therapeutic relationship and the removal of artwork should be discussed with its maker. In the end the service user is the owner of the artwork and may dictate the disposal. When storage room is limited, images of the client's art expression may be retained.

Members must follow the employer's policy guidelines on treatment of written or computer generated client treatment records. Members are responsible for following Data Protection Act guidelines and GDPR on storing digital material in the cloud or encryption.²⁷

3.8 Deal safely with risks including those covered by relevant legislation, for example, the Safety, Health and Welfare at Work Act, 2005²⁸ and employers' policies, for example, Policy, Procedure, Protocol and Guidelines (PPPGs)

Each Member must ensure that relevant colleagues and agencies are informed about the outcomes and implications of risk assessments.²⁹ Members should also be aware of relevant IACAT policies or guidelines appropriate to their practice area.

3.9 Limit work or stop practicing if the Member's performance or judgement is affected by health issues.

Each Member has a duty to take action if health issues could be harming his/her fitness to practice.³⁰

Caseload: Members may meet challenges in the workplace but should strive to maintain a reasonable caseload in the interest of their service users and to enable working to a quality standard. Members should strive to negotiate adequate time for preparation, liaison meetings and case conferences, record keeping, admin, clinical and managerial supervision. Student members are expected to voice any concerns about overly heavy workloads. IACAT recommends that Members make decisions on caseloads in consultation with their clinical supervisors.

7.6) If the individual (service user) is identifiable, either by image, voice or personal details, then the Act applies. If information is stored on a 'cloud', the location of the cloud affects the Act. Information may be found on the Data Protection Commissioner's website: Specific Guidance (click), General Issues (10 points down the list).

<http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/html>. <https://www.dataprotection.ie/en/dpc-guidance>

²⁷ Legal position on Encryption is available from the DPC website (as above). The Acts only apply to personal data.

²⁸ (and general application regulations 2007)

²⁹ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

³⁰ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

3.10 Provision of on -therapy or teletherapy

The use of on-line therapy and/or the use of a telephone/ text messages as a way of offering support to a client should be used with care and due diligence in relation to issues of confidentiality and GDPR. Any ongoing therapy, which is to be offered by such media, should have first been discussed with the client and, with a child/ adolescent, their parents/ guardians, outlining this way of working and highlighting the differences and precautions that need to be put into place to maintain the safety and confidentiality for the client. It is advised that members undertake training in this area of work and are cognizant of the IACAT guidelines (see IACAT website re online therapy) before embarking with any on line therapy/ support with a client/s.

4 Standards of Conduct

4.1 Act in the best interests of service users

Each Member must:

- Treat each service user as an individual
- Respect diversity and different cultures and values
- Respect and, where appropriate, promote/advocate the views and wishes of service users and carers
- Support the service user's right to participate in all aspects of the service provided and make informed choices about the service s/he receives
- Not do anything, or allow anything to be done, that the Member has good reason to believe will put the health or safety of a service user at risk
- When working in a team, the Member is responsible for his/her own professional conduct, for any service or professional advice the Member provides and for any failure to act
- Protect the service user if the Member believes that they are threatened by a colleague's conduct, performance or health. The safety of service users must come before any personal and professional loyalties at all times
- When the Member becomes aware of any situation that puts a service user at risk, the Member should discuss the matter with an appropriate professional colleague.

- Members must not for reason of commercial purpose, transfer public service users to his/her private practice.³¹

4.2 Respect the confidentiality of service users

Members must respect and guard confidential material obtained from service users verbally or through artistic expression during and after therapy.

Information, conversations, transactions and art expressions between a Member and service user must remain confidential to the medical or other team. In certain circumstances, disclosure may be sanctioned by the service user, required by law or made by the therapist, for example, where the safety of the service user, the therapist, carers, or the public would be threatened by nondisclosure. If it is deemed appropriate, disclosure must be made in the way that best protects the service user's interests.

Members should not break confidentiality with the police or legal professionals unless they are in receipt of a court order, in which case they should inform their manager (unless in private practice) and comply with the court order.³²

Members must try to protect a client's confidentiality:

- within the multidisciplinary team and its guidelines
- in the terms and conditions of the workplace
- in the framework of multi-agency good practice for vulnerable adults and Children First
□ in private practice
- within the therapeutic relationship.

Members must act if they believe that a young person is in danger, taking duty social worker advice, **always referring to Children First guidelines**³³ and the guidelines of the institution, whenever possible using recognised best practice multi-agency approach to child protection.

Confidential information may be communicated when:

- a group member has reason to believe that a breach of professional conduct has taken place and intends to inform the regulating body
- the Member considers that the service user, another individual or group of people or society at large is deemed to be in danger of serious harm
- the service user is deemed by the Member to be at serious risk of self-harm
- the Member is aware of child protection issues being raised in the course of the therapy, even though the Member may not have direct contact with the child

³¹ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

³² Neil Springham

³³ <https://www.dcy.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf>

- a court order to divulge information is issued. The Member may be placed in contempt of court if s/he fails to provide information.^{iv}

4.3 Maintain high standards of personal conduct

Members must not:

- abuse, harm or neglect service users, carers or colleagues
- exploit or discriminate unlawfully or unjustifiably against service users, carers or colleagues in any way
- form inappropriate relationships with service users (see below: Dual Relationships)
- condone any unlawful or unjustifiable discrimination by service users, carers or colleagues □ put yourself or other people at unnecessary risk
- behave in a way which would call into question the Member's suitability to work in health and social care professional services
- Members must not get involved in any conduct which is likely to damage the public's confidence in the Member or the designated profession
- Members must work openly and co-operatively with colleagues in the workplace
- Members must recognise and respect the roles and expertise of individuals from other agencies/professions and work in partnership with them³⁴

Dual Relationships

The therapist-service user relationship should always be on a professional level. There should be no dual relationships, separate and/or distinct relationship from the therapeutic relationship. For example:

- close personal relationships with service users
- sexual intimacy with service users
- employment of service users
- going into business with service users
- borrowing/lending money from/to service users
- social media/digital relationships with service users, e.g. Facebook, LinkedIn. (Skype/Facetime or similar are acceptable for a percentage of supervision/sessional use, when normal therapeutic boundaries are maintained, with written consent).
- social contacts being referred as service users
- if a former client asks for supervision, having themselves trained as a therapist

Dual relationships or potential dual relationships should be discussed in supervision, the results of the discussion recorded and a decision made to proceed or to terminate the dual relationship.

Members providing therapy for students should not have contact with the student in any other role connected with the training. It is acknowledged that the therapist and student client may come into

³⁴ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

contact with each other during events organised by the Association or through educational settings. This potential area of contact should be discussed in advance where possible either during the contracting period or when an issue is likely to arise.

Members are responsible that any relationship they have with the service user after the end of therapy is not exploitative.

Members who are clinical supervisors, training instructors, or personal tutors of a student or a supervisee, should avoid dual relationships with the student/supervisee during the professional relationship, and be mindful of potential power differential immediately following the end of that relationship.

Members should complete or request risk assessments to establish the appropriateness of commencing therapy with service users.

Members should agree clearly a written contract (where possible) with the service user that summarises the nature and form of the planned therapy. In the interests of the service user, and to meet their needs, this contract should be reviewed regularly.^v The contract should include explicit details of:

- time
- fees
- respective responsibilities of the client and therapist
- rationale of sessions
- restrictive and permissive ground rules of the sessions □ confidentiality

Therapy should not normally commence without the client understanding in broad terms the nature, purpose and likely effects of the proposed treatments and freely consenting to it proceeding.

The client has the right to withdraw consent at any time during treatment to the whole or part of the therapeutic process.^{vi}

Members in private practice must include details of fees, methods of payment, and financial arrangements for cancelled or missed appointments.

4.4 Provide any important information about conduct, competence or health

Members must inform the Association (and other relevant regulator and professional bodies) if s/he has any important information about the individual's conduct or competence, or about other Members and therapists s/he works with.

In particular, the Member must inform the Association straight away if s/he has been:

- Convicted of a criminal offence (other than a Fixed Charge driving offence under the Road Traffic Acts) or in receipt of an Adult Caution from the Garda Síochána

- Disciplined by any organisation outside of Ireland responsible for regulating or licensing health or social care professionals
- Dismissed, suspended or placed under a practice restriction by an employer or similar organisation because of concerns about conduct or competence.

Members must co-operate with any investigation or formal enquiry into his/her professional conduct.

Members should also inform the Association or relevant regulatory body about significant changes in his/her health, especially if professional practice has changed as a result of medical advice. This information is private but it is vital that the Member tells the Association. If this does not occur, action could be taken against the Member.

Members should also inform employers or an appropriate authority where the practice of colleagues may be unsafe or adversely affect the standard of care. This is related to a Member's duty to act in the best interests of the service users.

Inform the Member's employer or appropriate authority in relation to any personal difficulties which might affect the Member's ability to deliver the job competently and safely. Obtain the necessary support and/or assistance from the Member's employer if the Member does not feel competent in carrying out any aspect of his/her work.³⁵

Issues of conduct and or a complaint made against a member will be investigated through the IACAT Complaints Procedure (appendix E) and any disciplinary action carried out through these procedures. These are currently being reviewed (Oct2020).

4.5 Professional competence and integrity

1. Members must keep to high standards of integrity and competence.
2. Members should seek appropriate professional assistance for any personal issues or conflicts of interest that may damage or affect their work or clinical decision-making.
3. Members respect the training, practice and the experience of other professionals and are aware of and respect the community in which they work.
4. Freelance Members and others not working as part of a therapy team should ensure they establish a clear working relationship with the service user *and*, preferably with his/her consent, with any other professionals involved in his/her care.
5. Members do not work under the influence of alcohol or other substances which could affect their judgement and perceptions.

³⁵ Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics ³⁹
To be revised.

6. Clinical supervision is essential to good practice and Members must maintain regular supervision, in addition to monitoring and reviewing their work alone and with peers, in accordance with the Association's supervision guidelines.³⁹
7. Members realise the limits of their personal competence and, when in doubt, seek advice from those with appropriate qualifications and experience.
8. Members adhere to the European Convention on Human Rights Act 2003 and are familiar with any other legislation relevant to their particular work area.^{vii}
9. Members must be aware that they may influence others by making public statements, testimony or recommendations and should be mindful of same, recognising their potential to change the lives of others.

4.6 Practice Environment

Members must treat service users in a private confidential space. The environment must be safe and meet the needs of the therapy offered, including:

- adequate heating and ventilation
- adequate lighting
- access to a water supply (when necessary, e.g. in art therapy)
- safe and appropriate furniture
- awareness of hazards or toxicity of equipment and materials, and how to keep therapists and service users safe. Be aware of appropriate Health and Safety legislation and guidelines when relevant, e.g. in use of kilns.
- storage space for service users' artwork

When working with vulnerable service users/children (or prisoners) Members may be required to work in a room or space where there is a viewing window/two-way mirror at adult height so staff/managers may see them at work. This is for the protection of all concerned.

Service users may choose to keep or destroy some artworks at the end of the therapy. This should be recorded in the therapy notes. Items remaining in the therapists' care should be stored according to therapist's policy and the guidelines of the organisation in which they work.³⁶

Service users should be informed of any aspects of the therapy that might affect the service user's participation, for example, the use of video or other recording devices, one-way mirrors or trainee observers. Informed consent must be obtained in method compatible with the service user's abilities to read and write. The service user should be informed that they may withdraw consent at

³⁶ BAAT note on storing images after end of art therapy (2011): 'Images left by clients after art therapy ends do not need to be stored or kept by the art therapist or the organisation – this is because the image does not have a definite and fixed meaning and cannot be an admissible item of evidence in court. So when the therapy ends, the art work can be disposed of in the same way as any confidential material (shredding, etc.)

This is not the case for clinical notes. If self-employed, Art Therapists will need to keep clinical notes for up to three years as this is the legal window of time that someone can take a legal action after therapy has ended'.

any time without prejudice. Therapist's positive and negative transference/feelings towards service users should be discussed with clinical supervisors.^{viii}

4.7 Reproduction and Exhibition of Service users' Artwork

Members should be judicious about the need to get permission before sharing service users' artwork. There is a distinction between the publication or exhibition to the general public and to a limited group or forum of fellow arts therapists/Members.

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

- must look for the service user's written consent, or that of the client's legal guardian or carer; and
- clearly tell the client, legal guardian or carer in what way the material will be shared.^{ix}

Members must get written consent from the service user, legal guardian or carer before the service user or his/her art work is recorded digitally, photographed, video or audio recorded, or copied in any way to display or exhibit publicly.

Members may share any verbal dialogue, pictorial or written extracts of therapy work without the explicit permission of the client, only if:

- those extracts are used only for supervision, training, education, or to distribute evidence of therapy practice;
- those extracts are shared with restricted groups of therapists who observe confidentiality agreements similar to those used by Members; and
- treatment agreement or contracts show that extracts from therapeutic work may be used like this.

Members should not sell or otherwise try to profit monetarily from the sale of any artistic expressions made in therapy sessions.

4.8 Responsibilities to students and supervisees

Teaching, supervising or researcher Members must be truthful in presenting evidence and uphold high standards of scholarship in on-going education.

Supervisor Members of students or other Members must not also become involved in a formal therapeutic relationship with them.

Supervisor Members are responsible for seeking supervision and/or consultation whenever appropriate. They are responsible for the quality of their work.

4.9 Complaints

Issues of conduct and or a complaint made against a member will be investigated through the IACAT Complaints Procedure (appendix E) and any disciplinary action carried out through these procedures. These are currently being reviewed (Oct 2020).

A Member must inform the Association's Chairperson immediately if facing potential legal action in connection with his/her practice.

Anybody making a complaint should contact the Association directly. They will be sent a copy of the Complaints Procedure and a complaint form.

The Executive Council may take some of the following routes: a warning; a period of required supervision; suspension or withdrawal of registration and/or membership of the Association following an investigation by the Complaints Committee.

The Complaints Committee will keep the person making the complaint informed. Any such proceeding will be kept confidential by the Complaints Committee/ IACAT Executive.

4.10 Financial arrangements

Members should be clear and truthful about services and charges with service users, third party payers and supervisees. Financial arrangements should be clear. Members must not take or offer payment in return for referrals.

Members should be valued/recognised/paid for their contribution to training programmes for colleagues or students, and for supervising students on clinical placement.

5 Private Practice

5.1 Private practice³⁷

Members who wish to work in private practice must have adequate supervision. Members should decide in collaboration with their supervisor whether they are ready to work privately, and have adequate training, taking into account responsibility and accountability.

Members in private practice must work within their scope of practice.³⁸

³⁷ New guidelines for private practice are intended to be developed

³⁸ Confine their practice to the limits of their training and experience.

Members must be clear about their professional qualifications, not claiming or suggesting any they do not hold. They are responsible for clarifying or correcting any misrepresentation of their credentials, by themselves or others.

Private practitioner Members should make sure that they get permission from the service user to contact their doctor (or consultant) and partner, carer or next of kin should it become necessary. Private practitioner Members should make living will provisions to sensitively notify service users if the Member becomes incapacitated or dies.³⁹ Private practitioner Members must make secure arrangements for storage or confidential destruction of any clinical or process notes are made in case of incapacity or death.

Private practitioner Members who may hold any details, images or recordings which could identify service users on any personal devices/ home computer must adhere to the Data Protection Act⁴⁰, and be aware if material is being backed up automatically to a 'cloud'.⁴¹ Records could also be encrypted to ensure greater security.⁴⁶

Private practitioner Members must make their fees clear before therapy begins and give reasonable notice of any fee changes.

Private practitioner Members are obliged to have suitable professional indemnity insurance.

5.2 Referral and acceptance in private practice

At the beginning of the therapeutic relationship, private practitioner Members must explain to the client their:

- fee
- payment arrangements
- times of sessions
- necessary notice of holidays
- agreed notice of cancellation
- boundaries
- facts about the limits of confidentiality; and
- their duty to report any child protection concerns or risk to others.

5.3 Treatment and planning in private practice

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

- aim to help the client realise and preserve the best level and quality of life possible
- clearly lays out the type, regularity, and extent of therapy

³⁹ A living will gives instructions for a supervisor or other to contact clients in case of serious illness or death of Members.

⁴⁰ www.dpa.ie

⁴¹ The regulations vary according to where the cloud is located. See DPA website for further details. ⁴⁶ See attached Encryption advice from AATA, Appendix D, shared with permission.

- when at all possible, make aims with the client's understanding and permission and mirror the client's current requirements and strengths; and
- which can be reviewed, changed and altered as necessary.

Termination of services

At the end of a therapeutic relationship, Members should write a summary for discharge or transfer to another service which contains a record of the client's response to treatment and any suggestions for therapy in the future.

When at all possible Members should end therapy with a discharge plan, agreeing plans with the service user and must do so when the therapy ceases to be useful or suitable. Sometimes it is not possible to plan therapy ending with the service user. In such cases, it is preferable that others, e.g. a parent, carer, guardian or case manager should ideally be involved in the planning and ending.

Disclaimer

- Members must be cognisant of any pre-existing procedures, processes or requirements that are outlined in their employment contract (s).
- Members must work within the laws of the country where they practise.
- Members are expected to be responsible and keep up to date on the law, e.g. Child Protection legislation.

Definitions of terms included in this document:

Therapist: professional or student Member of this association.

Creative Arts Therapy: the intentional use of the healing aspects of the art form (art therapy, dance movement therapy, drama therapy, music therapy). Creative arts therapies are therapeutic processes.

Service user: anybody using the services of a creative arts therapist. (Also includes patients, clients).

Appendix A

Suggested procedure for ethical decision making⁴²

1. Define carefully the issues and parties involved.
2. Scan the Code of Professional Conduct and Ethics and identify all relevant clauses. Also check other applicable professional guidelines (for example those of government departments or HSE) and any pertinent legislation. Consulting with colleagues is also often appropriate.
3. Evaluate the rights, responsibilities and welfare of all affected parties.
4. Generate as many alternative decisions as possible – the more the better.
5. Evaluate carefully the likely outcome of each decision.
6. Choose what, in your professional judgement, is the best decision, implement it, and inform relevant parties.
7. Finally, take responsibility for the consequences of the decision.

It is recommended that notes be kept of deliberations at each stage of the process.

⁴² Adapted from CORU Framework for a Common Code of Professional Conduct and Ethics

Appendix B

Guidance on the ethical issues of videotaping, photographing, audio recording or filming of therapy sessions and their subsequent viewing

The reasons for recording material can be classified into **two** main areas:

1. Those that have a therapeutic purpose; the viewing would usually be restricted to group members.
2. Those with a direct involvement in the client's care, training, research and public broadcasting or promotional literature.

General considerations

A clear written contract must be in place before any recording takes place. Informed consent must be obtained from service users and, in the case of people unable to provide consent, legal advice should be sought to establish whether the recording should take place. Consent may be withdrawn at any point both during and after the recording.

Before recording commences, Members should consider:

- their motivations for recording therapy interventions
- the purpose of the recording
- the possible changes to the therapist/client relationship as a result of the request to record material
- any confidentiality agreements that will need to be made with any technicians involved in the recording and with potential audiences.

Before the recording is made the following items should be discussed and agreed with the client(s):

- who will have access to the material?
- how long will the record be kept?
- who has ownership of the material?
- where the recordings will be stored
- how recordings will be stored
- how recordings will be destroyed
- how contact with the client will be made if there is a proposal to use the recording in an area outside the scope of the original agreement
- the extent and nature of any commentary that the therapist may provide during any showing of the recording
- that the usual group conventions remain in place.

Members must explain to service users that the nature of confidentiality will be changed when any of the material is broadcasted or shown to others, whether this is for professional or training purposes or public media broadcasting.

Members must consider their own and the service users' internal and unconscious processes when consent is given or refused for the group or individual therapy to be viewed by those not

involved in the group process. There may be some powerful processes, which may influence decisions. Therapists should examine these areas during clinical supervision.

At the beginning of the broadcasting of any therapeutic interventions it is important to clarify that the material is constructed from the service users' perspectives.

Previews of recorded work must be viewed/heard by the participants prior to distribution.

Participants must have the right to request that material relating to them is edited, modified or deleted.

Therapeutic Purpose

This refers to the use of recorded material, in whatever form, with service users in the therapy setting. It may also include recordings or photographic images produced for clinical supervision.

Training

This area refers to material that may be used for the training of other therapists and developing a body of knowledge. This area will also include recordings or photographs taken for displays, presentations or to illustrate papers at conferences.

Members should not involve service users who are experiencing creative arts therapy for the first time for the above. Service users who have some experience and familiarity with the method are likely to have a realistic understanding of what is involved and disclosed and are therefore able to provide informed consent.

Members should consider the possible consequences and ramifications to themselves when third parties edit any material that may be widely viewed. The therapist(s) are advised to be actively involved in editing.

Public Broadcasting

A Member who is involved in media or promotional presentations must adhere to the following procedures:

The therapist(s) and the client(s) must be clear about the contents of contracts before agreeing to recordings. In particular it must be established whether a withdrawal of consent could constitute a breach of contract. Legal advice should be sought before contracts are signed:

- service users must be recruited specifically for this purpose
- careful assessment must be made of the person's emotional and psychological suitability to be involved. The therapist facilitating the therapy must carry out assessments
- the intent of the broadcast must be made clear
- careful attention must be paid to the potential effect on third parties and all participants must understand the possibility of litigation.

Members should consider the possible consequences and ramifications to themselves when third parties edit any material that may be widely viewed. The therapist(s) are advised to be actively involved in editing.

It must be clear to all participants that once the process has been completed and final approval has been given that the material becomes the property of the broadcasting or production company.

Promotional Literature

This area may include recordings or photographs of service users or artefacts made during therapy. Areas of display include websites, information brochures, or other promotional materials. Written consent must be obtained from the client. In the case of service users being unable to write, consent must be recorded in an appropriate form. In the case of minors, a guardian's consent must be obtained.^x

Broadcast

Before considering a service user for possible participation in a public media broadcast, the Member shall assess the client's emotional and psychological vulnerability.

Participating service users and/or their representatives must be informed of the intent of the broadcast and that the broadcast itself might affect third parties, possibly leading to litigation. Additionally, for their permission to be considered as freely given, the participants must first be advised of any consequences that a change of mind might bring and that a withdrawal of consent during the process of recording could constitute a breach of contract.

It is recommended that legal advice be sought before any contract with a broadcaster is signed by the therapist, participants, their representatives and/or other parties, for example the Association or the host of the 'setting'. Contracts should be in writing. They should state the intent of the broadcast and cover any boundaries concerning content that are stipulated by the participants.

Once final approval has been given, the material commonly belongs to the broadcasting/production company. However, it is advisable that the therapist asks to be actively associated with the editing process in order to facilitate respect of agreed limits of content and other terms of the contract.^{xi}

Appendix C

Policy on the Use of Touch in Clinical Practice

Members working within the education system should make certain that they adhere to Children First Guidelines⁴³, the Department of Education's rules⁴⁴ concerning touch, as well as those of the institution in which they work.

Therapeutic interventions may involve appropriate touching of other service users and the therapist(s), or touch by the therapist. The nature and purpose of touch must be explained, and informed consent sought prior to any physical contact being initiated. This permission must be an on-going process between therapist and service user, as permissions may be removed and renewed. A client's expressed wish not to be touch should be respected. Decisions about using or withholding touch should be discussed in clinical supervision.

Members should be especially aware of the diverse and complex types of physical contact within the therapeutic relationship.

Consequently, physical contact can be useful and can have positive effects for a range of DMP client groups at different points within the psychotherapeutic process. Through on-going supervision, the practitioner must be ready to engage with, question and sensitively appreciate the differences between boundary 'crossing' and 'violating' in terms of touch. Under no circumstances does the therapist engage in sexual or abusive physical contact with service users.

The therapist must examine her/his own social values about touch and those of service users. Important considerations when working with touch are: levels of physical and cognitive ability, gender, sexuality, ethnicity and history of abuse or political torture. The quality of touch and instances of physical contact may vary: with props only, through peripherals (e.g. finger tips or elbows touching) or whole body (as in a contact improvisation dance). There may be instances in the therapeutic relationship where there is no engagement in physical contact and a 'no touch' ground rule established between therapist and individual, or therapist and group members. A Member using (or withholding) touch in a therapeutic setting should discuss these decisions in clinical supervision.

Most importantly, the client's permission to engage in physical contact during the therapeutic relationship is paramount and must be an issue of ongoing consensual decision-making between service users and therapist.^{xii}

⁴³ <https://www.dcy.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf>

⁴⁴ Department of Education and Skills Child Protection Procedure for Primary and Post-Primary Schools
<https://www.education.ie/en/schools-colleges/information/child-protection>

Appendix D

American Art Therapy Association Advice on Encryption of Notes^{xiii}

ENCRYPTION

When sending or responding to sensitive professional email communications, the Ethics Committee suggests that AATA members encrypt such email in order to protect professional confidentiality. Instructions on how to encrypt have been prepared by Amanda Alders, chair of the Technology Committee.

The following links have encryption options, which would enable supervisors and supervisees to email safely regarding clients:

- <http://www.hushmail.com/>
- <http://www.zipmail-for-yahoo.com/>
- <http://www.instructables.com/id/Send-and-Receive-Encrypted-E-mail-in-Gmail/> □
<http://www.getmailcloak.com/>

Securing email involves:

- digitally Certifying the e-mail and
- encrypting the e-mail for both the sender and recipient.

STEPS:

1. Digitally Certifying Digital Certificates or signatures verify the identity of the sender and recipient. To get a digital signature, you will have to apply for one at a company, which supplies free digital signatures (Thawte and Comodo). You could find other free companies by Googling, "digital certificates." VeriSign offers certificates for commercial purposes and charges.
2. Encryption When you encrypt a mail message, the receiver will be the only person who may open the e-mail or access the information. In order to encrypt messages, both you and the recipient, should have first exchange "Digitally Signed" messages.

To send the message:

Click the "New Mail" button and click the "Sign and Encrypt" buttons. Encrypted emails can be opened on a computer with a "certificate" installed (see above).

Compiled by: *Amanda E.M. Alders (now Pike), M.S., ATR*
Technology Chair
The American Art Therapy Association

ⁱ BAAT ⁱⁱ Paragraph above courtesy of Sesame, with permission.

ⁱⁱⁱ This section BADTh, 2005. Quoted with permission

^{iv} BADTh, 2004, shared with permission. ^v BADTh,

2005. ^{vi} Section above courtesy of Sesame, with

permission. ^{vii} Section above, BADTh, 2005, with

permission. ^{viii} Section above, BADTh, 2005 ^{ix} BAAT ^x

BADth, 2005. Quoted with permission.

- ^{xi} Above section quoted from ADMPT, may need to be paraphrased. The meaning of the section will not alter. ^{xii}
Above section quoted from ADMPT, may need to be paraphrased. The meaning of the section will not alter.
- ^{xiii} Shared with permission of Amanda Alders Pike, AATA

Appendix E

As the professional body representing Creative Arts Therapies in Ireland, IACAT takes seriously any complaint that is made against an accredited member of the association and undertakes to investigate, such a complaint, with due diligence and fairness to both the complainee and complainant in line with the IACAT Code of Ethics.

IACAT Complaints Procedure

- A. The IACAT Council has the overall responsibility in dealing with complaints
- B. The IACAT Council will ask the Complaints Committee to process the investigation.
- C. The IACAT Council may appointment external Examiners if deemed necessary.

(Incorporating 5 Rights of Natural Justice and Adaptation of Health and Social Care Professionals Act 2005 Complaints Procedure)

The purpose of this procedure is to provide a means of processing any complaint about an infringement of the code of ethics and practice where possible or appropriate, an amicable solution will be sought.

STAGE ONE

1. REVIEW OF THE COMPLAINT

Only written and signed complaints will be considered. Anonymous written complaints have no validity and will be destroyed. Only complaints made within seven years of the event(s) complained of, will be considered.

The Complaints Committee will review the complaint and decide whether there has been an infringement of the Code of Ethics which warrants a full investigation (Stage 2). Any decision will be communicated with the complainant.

STAGE TWO

1. RIGHT TO KNOW OF THE ALLEGED OFFENCE

If the complaint moves to the investigation stage the Secretary will seek written authorisation from the complainant to show the letter of complaint to the Therapist in all cases. If, after a further two weeks, the necessary authorisation to show the letter to the therapist is not forthcoming, the Complainant will be informed in writing that the complaint cannot be considered further.

The Council of IACAT shall appoint two members of the Complaints Committee as Examiners to investigate the matter. Members of the Complaints Committee must declare any interest they may have in relation to any complainant and shall be ineligible to be appointed Examiner in that case.

The Examiners shall conclude their investigation as quickly as possible and inform the Therapist of the complaint.

2. RIGHT TO REPLY

At the discretion of the Examiners, exploratory meetings involving either or both parties may be held. The complainant may be accompanied to such meetings by a support person, and the therapist concerned by his/her supervisor.

The Therapist shall be invited to respond in writing, and shall be informed that this letter will be made available to the Complainant. This will be done either by registered post or at a meeting convened for the purpose.

If the Complainant is satisfied with the exploratory meeting, or with the written reply, the procedure may be completed at this stage, if the Examiners think fit.

The IACAT Council will be informed of the resolution and will duly communicate the outcome to both Therapist and Complainant.

If the Examiners decide that a case remains to be answered, may determine sanctions or move on to Stage 3 may determine sanctions.

STAGE THREE

The Examiners will consider the issues raised and will have the discretion to arrange to meet both parties, together or separately, as they see fit. The meeting(s) will be chaired by one of the Examiners, will last for one hour maximum, and will allow statement of complaint, response, and questions by all present. Minutes of the meeting will be recorded.

If the Complainant does not attend this meeting, an explanation will be sought. If a reasonable explanation is forthcoming, the procedure will be re-activated once more. If not, the complaint will lapse.

The Examiners shall make a written report and recommendations to the IACAT Council who will consider this report, make a decision based on it, or will proceed to Stage 4.

Both the Therapist and the Complainant will be informed if the procedure is thus completed.

If the IACAT Council decides that a case remains to be answered, then the procedure will move on to Stage 4.

STAGE FOUR

1. RIGHT TO REPRESENTATION

Both the Complainant and the Therapist are at liberty to engage their own legal advisors at this stage, provided that the Secretary will have been given prior notification thereof, in writing, as to the name of such representatives, and details of the dates and times of meetings.

The IACAT Council reserves the right to engage its own legal advisor to attend any formal meeting(s), for the purposes of assisting in examining and interviewing the person(s) appearing before it and with a view to considering all or any material produced.

2. RIGHT TO DUE CONSIDERATION

A Complainant explains the nature of the complaint and may subsequently be questioned by members of the Panel, consisting of the Complainant, the Therapist, their Legal Representatives and IACAT Council Representatives.

The Therapist will be given an opportunity to respond to the complaint, and may be questioned by members of the Panel.

The Complainant and the Therapist may add further comments, or put questions to the other through the Chairperson.

The Complainant and the Therapist are given equal time to summaries their position to the Chairperson.

The Panel will prepare a report and recommendations for the IACAT Council, which will meet to consider the matter within four weeks.

The IACAT Council will make a decision for appropriate action, which may include withdrawal of membership of IACAT.

The IACAT Council will communicate in writing with the parties concerned.

3. CONCLUSION OF INVESTIGATION

The IACAT Council may find that no breach of the Code of Ethics and Practice has occurred, and no action need be taken.

Where action is required, this may include sanctions to be imposed on the therapist, which may be one or more of the following: -

- A. Requirement to change in a specific way by a specific date, which may include further training.
- B. Requirement to work under a nominated supervisor for a specified period of time.
- C. Withdrawal of accreditation and/or membership for a specified period and/or until specific changes have been undertaken.
- D. Permanent withdrawal of accreditation and membership.

RIGHT TO APPEAL

The Complainant or the Therapist has the right to appeal