



EUROPEAN
FEDERATION OF
ART THERAPY

EFAT ETHICS REFERENCE GUIDE FOR ART THERAPISTS FULL VERSION of ETHICAL PRINCIPLES OF PROFESSIONAL PRACTICE

In addition to the concise **Code of Ethics (CoE)**, EFAT provides art therapists and art therapy service users with a detailed **Ethics Reference Guide (ERG)** for in-depth education and for consultation or investigation of any arising ethical issue. The *ERG* serves to amplify many of the core ethical principles in the *CoE*. Taken together, these documents constitute EFAT's broader ethical scope. EFAT's members and the public are invited to consult with EFAT's Ethics Committee when in doubt or confronted with an ethical dilemma or issue: ethics@arttherapyfederation.eu



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INTRODUCTION

The EFAT ETHICS REFERENCE GUIDE, along with the *Code of Ethics for Art Therapists*, provides the ethical underpinnings of the Federation's organisational mission. The ERG's primary purpose is to protect the public, as beneficiaries of art therapy and art psychotherapy¹ service from harm done by unethical art therapy practices. This includes all individuals, groups, families, and communities that are recipients of art therapy practice by EFAT's Full Individual Members, Pioneer Members, and recognized Student Members. The EFAT REFERENCE GUIDE extends to Student Members studying in EFAT approved art therapy educational/training programs.

While members of EFAT adhere to the *Code of Ethics and refer to the REFERENCE GUIDE*, this does not preempt or obviate the legal requirement that art therapists, first and foremost, follow all state and institutional laws and regulations in their own countries. If ever a conflict exists between a state law and EFAT's *Code of Ethics or REFERENCE GUIDE*, state laws in corresponding countries must prevail.

Many of the *Principles* herein are inspired by, and at times, derived from existing ethical codes*2. With the diversity of the European model in mind, the EFAT REFERENCE GUIDE exists as a synthesis of existing documents and original formulations. EFAT encourages members to freely consult parts of the Code on an as-needed basis so as to strengthen the ethical foundation of their clinical and collegial work.

MISSION STATEMENT OF THE Ethics Committee [See PROCEDURES for the Functioning of the EC]

The Ethics Committee (EC) is charged with the responsibility of promoting the ethical education of its members, students, and the public regarding the ethical behaviour of art therapists. To do so, the EC develops, formulates, endorses, and communicates the EFAT *Code of Ethics for Art Therapists and the EFAT Ethics Reference Guide* in accordance with Board approval. The EC keeps members and the public apprised as to changes and updates. While the EC aims to protect the public from the unauthorised practice of art therapy in Europe through its educational efforts, the EC can only address ethical issues of members within its own purview. Please see Appendix A, etc. for further explication.

The EC invites members of EFAT to discuss ethical issues interactively in order to stay up-to-date. Such discussions occur at EFAT meetings and congresses, as well as through private confidential inquiries to the EC. In the case of inquiries, art therapists and members of the public are encouraged to seek ethical guidance regarding dilemmas related to the practice of art therapy by contacting the Ethics Committee Chair (ethics@arttherapyfederation.eu). The EC always protects the confidentiality of these inquiries as well as the identities of the inquirers. At no time will the content of inquiries or their authors be disclosed.

¹ For the purposes of this document, we will hereafter refer to the "art therapist" while recognizing that those who have qualified as "art psychotherapists" will be included in this designation.



PREAMBLE

The *EFAT Code of Ethics for Art Therapists* is formulated according to the core values of human rights whereby each human being is treated with immutable respect. We regard ethics as the condition and basis of our living together, as our inner voice to communicate with one another professionally as a diverse community of art therapists. Nevertheless, ethical thinking and conduct is always in evolution based upon practical experience combined with further education, leading to new experience, further consolidation, and integration. While our Reference Guide, along with our CoE, constitute a comprehensive guide for ethical conduct, they cannot cover every possible ethical situation or issue that may arise. Sound judgement and integrity must be at the basis of the art therapist's thinking across the spectrum of practice.

The *EFAT Reference Guide* serves the experienced art therapist, the new professional, and the student. When in doubt about an ethical course of action to take, the *Reference Guide* is meant to clarify issues and to guide. At the same time, the *ERG* and the *CoE* inform the public about what to expect in terms of the ethical behaviour of the European art therapist.

In promoting inclusivity, our *Reference Guide* reflects a sense of humility and beneficence that reminds us of the basis upon which we came together, given the diverse nature of our Federation membership. Our *ERG and CoE* champion the forward-looking perspective that EFAT art therapists share in envisioning a common future with mutual goals.

We are dedicated to the value of seeking continuous betterment of our competencies via continuing education and supervision beyond the attainment of the professional diploma or degree. We practice this value throughout our careers. We hold the firm conviction that to maintain the highest quality competence, we apply self-scrutiny regularly in our practice and we are unceasingly curious.

The core ethical values interwoven throughout the *Principles* include the following:

- a. A respect for the dignity of all individuals, communities, and groups, regardless of race, religion, gender or national origin so that equal and fair treatment is the norm for those who engage in art therapy practice and education.
- b. The mandate *to do no harm* in all professional interaction and clinical practice.
- c. A commitment to the practice of integrity in all art therapy services, professional activities, and professional communication, so that honesty prevails in all oral, written, and electronic transmissions.
- d. Awareness of the interface between the need for social justice and clinical practice.



ETHICAL PRINCIPLES

Ethical Principles represent the ethical ideals toward which art therapists strive and are, therefore, aspirational in nature. They are meant to inspire art therapists to act on the highest ethical level. They remind art therapists, students, supervisors, and educators of their duty to employ optimal ethical judgement regarding decision-making and the treatment of clients/patients, as well as students and colleagues.

The *Ethical Principles* apply to art therapists' professional activities across a wide variety of situations, whether in person, through written communication such as professional reports and publications, telephone, Internet, social media, and any other electronic transmissions. EFAT cannot assume jurisdiction over art therapists' private activities, which lie outside the purview of this document. Rather, this document urges art therapists to exercise reasonable professional judgement at all times.

ARTICLES

1.0 Creativity

1.1 Art therapists use their creativity and clinical skills to remain attuned to the creative process of the client or patient.

1.2 Art therapists do not impose their personal approach to creative expression upon the client or patient.

1.3 Art therapists strive to maintain personal art-making practice outside of their professional roles.

1.4 Art therapists understand the multiple, and often diverse, roles of art therapy in different settings and with different populations.

1.5 Art therapists exercise their profession within the limits and boundaries of their competence as determined by their education, training, supervision, and experience. We set forth this principle so as to underscore as well as be defined by current national laws.

1.6 Art therapists respect and determine their interventions according to the psychological level and personal expression of the client or patient, in terms of aesthetics, process, and style.



2.0 Responsibility to Clients/Patients

2.1 Art therapists uphold the rights of individuals to privacy, confidentiality, and choice.

2.2 Art therapists are aware that safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making.

2.3 Art therapists respect and determine their interventions according to the psychological level and personal expression of the client or patient, in terms of aesthetics, process, and style.

2.4 Art therapists make themselves aware of and are respectful of individual, cultural and role differences, as well as factors of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status when working with any given individual or population.

2.5 Art therapists strive to eliminate biases that stem from the above factors and do not knowingly participate in or condone activities of others based on prejudice of any kind. Art therapists actively repudiate implicit and explicit prejudice or bias in every sphere of their work, wherever it may be found.

2.6 Art therapists maintain clarity about the different therapeutic roles between client and therapist and avoid ambiguity in such roles. Personal, social, familial, and economic relationships to a client, outside of the primary professional therapeutic relationship are avoided (see Multiple Relationships).

2.7 Art therapists strive to maintain professional boundaries at all times (see Article 8 - Multiple Relationships)

2.8 Art therapists realise that their professional judgement and actions may affect the lives of those they serve and are careful to not misuse their influence in any way.

2.9 Art therapists diagnose, treat, or advise only where they have the competence to do so as determined by their education, training, supervision, and professional experience.

2.10 The art therapist reflects upon his or her interventions and countertransference reactions during therapeutic interaction. This applies to the artwork created as well. Such reflection helps the art therapist contain any reactions that could impede the therapy.

2.11 It is the professional responsibility of art therapists to understand and maintain clarity about the differences in therapeutic roles that exist between client and therapist.

2.12 Embedded in any clinical issue may be an ethical dimension. Art therapists strive to make themselves aware of such a possibility.

2.13 Upon clients' request, art therapists agree to make information available to clients regarding the *EFAT Ethical Code*, national or international credentialing requirements for practice to ensure that art therapy is practised according to existing laws wherever they apply.



3.0 Confidentiality

3.1 Art therapists are aware that the confidential relationship serves as the basis for trust in the therapeutic relationship. Establishing trust is not automatic and must be built, especially with clients who have been damaged by unreliable, harmful past relationships.

3.2 When consulting with colleagues:

a) Art therapists do not disclose confidential information that could reasonably lead to the identification of a client/patient, a research participant, or other person or organisation with which they have a confidential relationship. Only when art therapists obtain the prior consent of the person or organisation, or if the disclosure cannot be avoided, can confidential information be disclosed?

b) Even when informed consent is obtained, information is disclosed only to the extent necessary to achieve the purposes of the consultation.

3.3 Unless it is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

3.4 Art therapists protect confidential information obtained from clients, through artwork and/or conversation, during and post-treatment.

3.5 Art therapists treat clients in an environment that protects privacy and confidentiality.

3.6 Art therapists inform clients of the limitations of confidentiality in cases of imminent danger to the life of the client or to another person involved with the client.

3.7 Art therapists require clients' consent in order to disclose confidential information for the purposes of consultation or supervision unless there is reason to believe that such clients are in immediate, severe danger to health or life. Any disclosure must be consistent with state laws pertaining to the welfare of clients, their families, and the general public.

3.8 Art therapists disclose confidential information only when mandated by law in a civil, criminal, or disciplinary action arising from such art therapy services. In these cases, client confidences may be disclosed only as reasonably necessary in the course of that action.

3.9 When the client is a minor, any and all disclosure or consent required is obtained from the parent or legal guardian except when otherwise mandated by law. Care is taken to refrain from disclosing information to the parent or guardian that might negatively affect the minor's treatment.

3.10 All clinical records, including the artwork, are stored or disposed of in ways that maintain confidentiality.

3.11 Art therapists who are supervisors respect the confidentiality of all communications by supervisees.



4.0 Responsibility to the Profession

4.1 Art therapists embody personal integrity, which is essential to cultivating trust in all professional relationships. Therefore, art therapists practice honesty, truthfulness and seek to promote accuracy in their theoretical and practical formulations whether through teaching, supervising, writing, publication, and in clinical practice.

4.2 Art therapists are representatives of the art therapy profession and are aware of the importance of upholding standards of care and interaction, competence, and integrity, both personally and professionally.

4.3 Art therapists respect the rights and responsibilities of professional colleagues and participate in activities to advance common goals.

4.4 Art therapists adhere to the ethical principles of the art therapy profession when acting as members or employees of organisations.

4.5 Art therapists keep informed of developments in their field. They attend continuing education activities such as conferences, specialised readings, seminars, courses, and webinars, etc. to stay current.

4.6 Art therapists practice only within the boundaries of their competence and scope of practice.

4.7 Art therapists advocate for the highest standards of practice and promote quality mental health care for the public.

4.8 Art therapists create liaisons with other creative and expressive arts professions and organisations that share common objectives regarding both theory and practice.

4.9 Art therapists cooperate with other professionals whenever clinically or administratively indicated to better serve the client. This may necessitate the referral of a patient/client to another professional, if there is a conflict of interest, a prejudice, or if the required treatment exceeds the art therapist's competence.

4.10 Art therapists work to promote laws pertaining to the field of art therapy that serve the public interest; In so doing, they work toward changing laws and regulations that are not in the public interest.

4.11 Art therapists take reasonable steps to dispel any misuse or suppression of information resulting from art therapy practice or publication by any institution or agency where art therapists are employed.

4.12 Art therapists strive to contribute a portion of their professional time to advance the profession or professional activities for little or no compensation or personal advantage.

4.13 Art therapists provide the best possible and appropriate working environment and art materials with respect to safety, functionality, therapeutic considerations, and budget.

4.14 Art therapists, because of their potential to influence and alter the lives of others, exercise reasonable care when making public their professional recommendations and opinions through public statements.

4.15 Art therapists do not engage in any relationships with clients, students, interns, trainees, supervisees, employees, research participants, or colleagues that are exploitative, harassing, or demeaning by nature.



4.16 Art therapists, after becoming professionally qualified, continue to upgrade their levels of competence by engaging in regular supervision and continuing professional education courses.

5.0 Boundaries of Competency

5.1 Art therapists exercise their profession within the limits and boundaries of their competence as determined by their education, training, supervision and professional experience, as well as defined by current national laws. This includes: providing therapeutic services, diagnosis, treatment, and conducting research.

5.2 If and when an art therapist realises that working with a client exceeds his or her level of training and/or competency, he or she refers the client to an appropriate therapist who is qualified.

5.3 Art therapists refrain from using art materials, creative processes, equipment, technology, or therapy practices that are beyond their scope of practice, experience, training, and education.

6.0 Beginning and Ending Phases of Art Therapy

6.1 The art therapist explains to the client what to expect in terms of responsibility of both client and therapist at the outset of art therapy. This includes the time limits of each session, missed session policy, vacation, and total duration of art therapy (if known).

6.2 Art therapists (in private practice) disclose their fees at the beginning of therapy and give reasonable notice of any change in fees.

6.3 The art therapist and client develop realistic implicit and/or explicit treatment goals for the foreseeable duration of art therapy. Such goals can take time to establish, are reviewed periodically, and may be revised during the therapy to become more appropriate.

6.4 If and when constraints appear to prevent the attainment of these goals, the art therapist guides the patient toward a reasonable solution.

- a) attained stated goals and objectives,
- b) is not likely to continue services,
- c) is not likely to benefit from further therapy,
- d) is being harmed by continuing art therapy.

6.5 In a therapeutic relationship, either the art therapist or the client may initiate termination. The art therapist is eventually responsible, along with the client, to effectuate a process toward sound closure in anticipation of termination.

6.6 When closure may not be possible before termination has been completed, the art therapist refers the client to another qualified therapist.

6.7 Art therapists assist persons in obtaining other therapeutic services when the problem or treatment is beyond the art therapist's scope of practice.

6.8 Art therapists remain especially attentive to clients' behaviours when any danger of regression or negative reaction to termination exists. Art therapists work to manage negative outcomes, to the extent possible, by use of appropriate therapeutic interventions, and by taking steps to ensure continuity of care.



6.9 Art therapists may adjust termination dates if deemed appropriate and possible to arrange, so as to not cause premature or harmful separation.

6.10 In the event there was a forced termination due to external sources, the art therapist will adhere to the professional practices stated above to ensure an effective handover as possible to another suitable professional.

7.0 The Art Therapy Setting or Practice Environment (see also **11.0 Art Therapy Setting in the Global Pandemic Environment**)

7.1 Art therapists understand the capacity and limitations for art therapy to adapt to different settings and different populations.

7.2 Art therapists provide safe, functional, working environments that include:

- a) Proper ventilation
- b) Adequate lighting
- c) Access to water;
- d) A variety of clean, orderly art materials of the highest quality within the art therapist's budget.
- e) Aprons, smocks, or other protective clothing for the client to be able to freely use art materials without worry about soiling clothing; this is particularly important when working with children. Otherwise, clients may bring their own protective items;
- f) Knowledge of hazards or toxicity of art materials, and the effort needed to safeguard the health of clients;
- g) Storage space for artwork;
- h) Secure storage areas for any hazardous materials;
- i) Allowance for privacy and confidentiality;
- j) Compliance with health and safety requirements according to state and federal agencies that regulate comparable businesses.
- k) Respect for the environment through the use of environmentally friendly materials, attention to recycling and the careful disposal of used materials
- l) Safe entry access for disabled clients.
- m) Awareness of the triggers that may come with the use of art materials.
- n) Other technical modifications that could facilitate the art therapy process for disabled clients.
- o) If an outdoor environment is being used, art therapists are to consider completing a simple risk assessment to assess the terrain, suitability for client population, weather, and any additional equipment for safety.



8.0 Supervision

8.1 Art therapists value ongoing supervision throughout their careers.

8.2 Art therapists seek supervision or consultation when they feel confused or uncertain by personal reactions to issues that arise in clinical practice.

8.3 Art therapists seek supervision and/or personal psychotherapy or art therapy in order to process personal issues that may be evoked during the therapeutic process.

8.4 Art therapists shall seek ongoing supervision and/or personal therapy in order to ensure the quality and accountability of their practice.

8.5 The same rules of confidentiality that apply to clients also apply to supervisees or student interns in training.

8.6 Art therapists who are also supervisors are responsible for maintaining the quality of their supervision skills, which may necessitate obtaining consultation, personal therapy, or supervision for their own work as supervisors.

8.7 Art therapy supervisors take reasonable steps to ensure that supervisees do not offer professional services beyond their education, training, and level of experience.

8.8 Art therapists communicate scholarly and accurate information when instructing students and supervisees engaged in the study of art therapy.

8.9 Art therapists are aware of the influential position they hold with respect to students and supervisees and, therefore, avoid exploiting their trust.

8.10 Art therapists obtain prior permission, or "informed consent," for the purpose of showing artwork to supervisors. This generally takes place during the initial phase of therapy along with explanations of other practical expectations (length of sessions, missed sessions, etc.).

8.11 The art therapist provides the artwork or a facsimile of the image (i.e., digital image or drawing of the artwork) in order for the supervisor to be able to comprehend how process and product came about, and thus offer a pertinent supervisory response.

8.12 The art therapist's supervisor bears ultimate responsibility for the therapeutic trajectory of the client.

9.0 Multiple Relationships

Multiple relationships occur when an art therapist is in a professional role with a client and simultaneously in another role with that same client. An example of a multiple relationship would be an art therapist who is simultaneously a supervisor and a therapist of the same individual. Another form of multiple relationships occurs if an art therapist is in a relationship with a client as well as with one or more member(s) of the client's entourage.

9.1 It is the professional responsibility of art therapists to avoid ambiguity in the therapeutic relationship and to maintain clarity about the different therapeutic roles that exist between client and therapist.

9.2 Art therapists avoid entering into dual or multiple relationships with clients, supervisees, or students because multiple relationships can reasonably be expected to impair competence and effectiveness in the art therapist to perform his or her functions as a therapist.



9.3 Art therapists recognize their influential position with respect to clients, supervisees, and students and do not exploit their trust or dependency by engaging in multiple roles or relationships.

9.4 Art therapists do not use their roles to engage in conflicts of interest that could harm or exploit their clients, students, or colleagues.

9.5 Personal, social, familial, and economic relationships to a client, outside of the primary therapeutic relationship, are avoided.

9.6 Sexual relationships between the art therapist and the client take place neither during nor after the therapeutic relationship ends.

9.7 Art therapists are expected to exercise sound clinical judgement as a means of practising safely and effectively.

10.0 Art Therapy Education and Training

10.1 Art therapists as teachers, supervisors, and researchers maintain high standards of scholarship and present accurate information to their students and colleagues.

10.2 Art therapists are aware of their influential position with respect to students and supervisees; they avoid exploiting the trust and dependency of such persons.

10.3 Art therapists do not engage in therapeutic relationships or personal friendships with students or supervisees while they remain in training.

10.4 Art therapists take reasonable steps to ensure that students and employees do not offer professional services beyond their education, training, and level of experience.

10.5 Art therapists who are faculty members do not require students or supervisees to disclose personal information in courses or training program-related activities, either orally or in writing. The only exception is when the art therapy program or training facility has clearly identified this requirement in its admissions and program materials.

10.6 When providing training and/or supervision to non-art therapists, art therapists ensure that trainees understand the objectives, expectations, limitations and resulting qualifications of the supervision and/or training as distinct from formal studies in art therapy.

11.0 Art Therapy Setting in the Global Pandemic Environment

11.1 Setting requirements may vary according to rules and regulations within the institution where the art therapist practices. The art therapist complies with health and safety rules that generally include:

- a) Mask wearing during sessions
- b) Use of hydrochloric gel upon entering and leaving each session
- c) Clients/patients bring their own aprons (no sharing)
- d) Practising social distancing
- e) Ensuring that art materials are sanitary: clients may bring their own materials or materials are sanitised before distribution to each client
- f) Art therapy may take place via internet platforms such as Zoom or Skype.



- g) Art therapists inform clients of both the therapeutic limitations and benefits of working via internet platforms such as Skype or Zoom.
- h) Art therapists carefully consider the feasibility, risks, and safety concerns with regard to beginning art therapy with new clients over internet platforms.

11.2 Art therapists are aware of potential traumatic reactions in clients or patients who have experienced, or fear experiencing, illness in themselves or family members.

11.3 Art therapists are alerted to client's or patient's self-care methods during the crisis.

12.0 Client/Patient Artwork

12.1 The art process and art product together constitute the art image, and form the prime means of expression and communication by the client.

12.2 The artwork constitutes one component of a tripartite therapeutic system that includes the client, the art therapist, and the image or artwork created during the session. This tripartite or equilateral triangular system is central to art therapy.

12.3 The art therapist embodies an attitude of curiosity, openness, and non-reductive thinking with respect to the client's artwork and during the therapeutic dialogue.

12.4 The art therapist adopts a non-judgmental attitude toward the content and level of skill in the client's art productions.

12.5 Art therapists regard client artwork as a form of protected information, a confidential file and, essentially, the property of the client. For therapeutic reasons, however, the art therapist generally keeps the artwork in a protected, confidential file as long as the client remains in art therapy.

12.6 Only after the client has signed an "informed consent" agreement can the artwork be shown to another professional or photographed for professional purposes.

12.7 Art therapists obtain written informed consent from clients or, when applicable, legal guardians, in order to keep copies, or photographs of artwork, for educational, research, or assessment purposes.

12.8 The art therapist takes care to protect the art productions from breakage or any other form of destruction, whether accidental or intentional by the client or any other client.

12.9 Art therapists explain how client artwork will be stored while the client is receiving art therapy services and stores artwork in an orderly, safe, confidential fashion.

12.10 Client artwork is not posted on the internet or on other social media because doing so leaves the artwork unprotected from being downloaded or copied by unauthorised persons.

12.11 Client artwork may not be photographed by conference participants during professional or public presentations, whether images are projected onto a screen or are in a poster exhibit.

12.12 Artwork may be released to the client at the appropriate moment, in accordance with therapeutic objectives and therapeutic benefit, usually upon the client's termination of art therapy.



12.13 The artwork is considered a part of the clinical record and retained by the therapist and/or agency for a reasonable amount of time consistent with state regulations and sound clinical practice if the client does not take it upon termination or discharge.

12.14 The client is notified when the art therapist and/or the clinical agency retain copies, photographic reproductions, or digital images of the artwork in the client's file.

12.15 Reasonable steps are taken to fully protect client identity and to disguise any part of the artwork or videotape that reveals identity in professional publications or public presentations.

12.16 Art therapists disclose client artwork to third parties, members of interdisciplinary teams, and supervisors with the consent of the client or legal guardians.

12.17 Patient/client records that include their artwork are stored and/or disposed of in ways that maintain confidentiality.

13.0 Multicultural and Diversity

13.1 Art therapists take reasonable steps to ensure that they are sensitive to differences that exist among cultures. They strive to learn about the belief systems of people in any given cultural group in order to provide culturally relevant treatment interventions.

13.2 Art therapists are aware of their own values and beliefs and how these may affect cross-cultural therapy interventions.

13.3 Art therapists seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, gender, gender identity, sexual orientation, class, age, marital status, political belief, religion, and mental or physical disability through further education, especially with respect to the clinical populations they treat.

13.4 Art therapists do not discriminate against or refuse professional service to anyone on the basis of age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

13.5 When working with people from cultures different from their own, art therapists engage in culturally sensitive supervision or education.

13.6 Art therapists provide treatment interventions and strategies that include awareness of and responsiveness to multicultural and diversity issues.

14.0 Accountability and Consistency of Care

14.1 Art therapists take reasonable steps to ensure their accountability for the treatment of clients by informing themselves of the current laws in their countries, and any changes to the law that may affect their practice.

14.2 Art therapists seek supervision as a means of ensuring the quality and accountability of their practice. When uncertainty arises in their practice, they seek supervision.

14.3 Art therapists seek to negotiate adequate time for preparation, record keeping, administration, clinical and managerial supervision, meetings and case conferences.

14.4 Art therapists are careful to provide a replacement or means of emergency consultation in their absence such as for vacation or illness.



15.0 Record-keeping

15.1 Client artwork is considered part of the official client record and is stored in such a way as to maintain confidentiality.

15.2 Art therapists maintain client treatment records for a reasonable amount of time consistent with state and institutional laws, regulations and sound clinical practice post-treatment. Records are stored and/or disposed of in ways that maintain confidentiality.

16.0 Private Practice or Independent Practitioner

(see also **17.0 Financial Arrangements pertaining to Independent Practitioner**)

16.1 Art therapists abide by state mental health laws and regulations governing private art therapy practice in the country in which they live.

16.2 Art therapists who maintain a private practice do so within the limits of their training. They do not claim or imply that they earned professional qualifications beyond those actually received.

16.3 After art therapists obtain their art therapy degree or diploma, they undertake opening a private practice only after completing a reasonable amount of years, full- or part- time, in supervised experience at an institution or agency. They practice privately in accordance with state laws.

16.4 Art therapists undertake supervision when opening a private practice since the clinical and administrative demands of private practice demands are new.

16.5 Art therapists represent themselves as specialising within a specific area of art therapy practice only when they have undertaken the corresponding education, training, or experience in that specialty area.

16.6 Art therapists in private practice conscientiously maintain up-to-date record keeping of client session notes.

17.0 Financial Arrangements pertaining to Independent Practitioner

(see also: **16.0 Private Practice or Independent Practitioner**)

17.1 Art therapists disclose their fees at the beginning of therapy and give reasonable notice of any change in fees.

17.2 Art therapists make financial arrangements with clients, third party payers, and supervisees that are understandable and conform to accepted professional practices.

17.3 Art therapists do not financially exploit their clients, supervisees or others who seek their consultation services.

17.4 Art therapists represent facts truthfully and clearly to clients, third-party payers, and supervisees regarding services rendered and the charges for services.

17.5 Art therapists do not accept payment from other professionals for referrals of new clients.

17.6 Art therapists aspire to offer equal access to art therapy services to those clients who are unable to pay full fees. Where possible, art therapists make arrangements, such as sliding fee scales, to accommodate such need.



18.0 Professional Use of the Internet, Social Networking Sites and Other Electronic or Digital Technology

18.1 Art therapists exercise good judgement in keeping the personal and professional separate in the use of social networking sites and other electronic or digital technology. For example, they separate pages for professional life from personal pages.

18.2 Art therapists are careful not to post client imagery on the internet lest it be unprotected and subject to downloading by any internet user.

18.3 Art therapist and client evaluate together whether the use of video conferencing such as Zoom or Skype would be a therapeutically feasible means of conducting art therapy sessions during the pandemic or other extenuating circumstances where face to face therapy is ill-advised or not possible.

18.4 Art therapists do not engage in any action that would reveal a client's personal identity, whether by visual or auditory means via the internet or social media.

19.0 Art therapy in Social Action

19.1 We recognize that art therapy can have an important role to play in social action within the social, political and economic climate of our times.

19.2 Art therapy can be useful in community service, crisis intervention, the aftermath of trauma such as war, mass shootings, health crisis, refugee crisis, homeless individuals, reinsertion of immigrants and others, as well as underserved populations suffering from lack of economic, social, educational and other access to support.

19.3 Art therapists serve such communities, often sponsored by the Red Cross, NGO's or other organisations, and work either on a time-limited basis during the crisis or intermittently returning from time to time.

19.4 We recognize that when art therapy is practised in social action, a non-traditional setting is to be expected. Therefore, art therapists generally adapt the main ethical and clinical principles of art therapy practice to the needs of the populations served, often in a modified manner.

19.5 When art therapists practice in a crisis, community or other social action setting, often they cannot guarantee the confidentiality and privacy traditional to art therapy, yet they strive to maintain the value-system endemic to art therapy insofar as they are able.

19.6 Insofar as it is possible and practically feasible, the art therapist follows the ethical principles put forth in this document. That said, we understand that in social action practice the art therapist may not have access to such essentials as an enclosed art therapy setting and may need to operate within exceptional parameters.

20.0 Research and Publication

20.1 Art therapy researchers, first and foremost, show respect for the dignity and welfare of research participants.

20.2 Researchers are guided by laws, regulations, and professional standards governing the conduct of research.



20.3 The publishing art therapist obtains signed informed consent from research and publication subjects before undertaking such research or writing. (See Appendix B)

20.4 The art therapist has an obligation to examine and clarify the ethical consequences of participation in research before such an investigation begins.

20.5 Art therapists carefully conceal the identity of
a) research participants that might be a part of such studies.
b) any subject of oral or written case presentation.

20.6 Art therapists accurately represent research findings and avoid distortion.

20.7 Art therapists attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices, in accordance with actual APA rules or the rules advanced by the publishing house.

20.8 Art therapists, whose publications, books or other materials are published or distributed, appropriately cite and credit those persons whose original ideas were used, following the established publishing rules and formats of the publishing house involved.

20.9 Art therapists respect the right of research participants to give their consent to participate in research studies as well as to withdraw this consent due to personal or other reasons with no adverse consequences.

21.0 Assessment Methods

21.1 Assessment methods are sometimes used in the clinical context to better understand the client. Art therapists use assessment methods only within the context of a defined professional relationship.

21.2 Art therapists use assessment methods only when they have been thoroughly trained and supervised to do so by a professional art therapist or psychologist.

21.3 Art therapists who use standardised assessment instruments are familiar with reliability, validity, standardisation, error of measurement, and proper application of assessment methods used.

21.4 Art therapists who *develop* assessment instruments based on behavioural science research methods follow standard instrument development procedures. They specify in writing the training, education, and experience levels needed to use such instruments.

21.5 Art therapists obtain signed informed consent from clients regarding the nature and purpose of assessment methods to be used.

21.6 In selecting assessment methods and reporting results, art therapists consider any factors that may influence outcomes, such as culture, race, gender, sexual orientation, age, religion, education, and disability.

21.7 Art therapists take reasonable steps to ensure that all assessment artwork and related data are kept confidential according to the policies and procedures of the professional setting in which these assessments are administered.



22.0 Exhibitions of Client Work

22.1 Art therapists recognize that the therapeutic framework is necessarily opened up when client artwork is exhibited. The art therapist's judgement along with the wishes of the client will determine whether exhibiting artwork is beneficial and appropriate or counter-therapeutic, and an untenable breach of confidentiality and/or therapeutic containment.

22.2 Art therapists and clients discuss the *therapeutic* purpose of engaging in an exhibit, as opposed to purely an aesthetic one. An example of a therapeutic purpose could be to inform the public about the impact of medical illness.

22.3 Art therapists discuss with clients or legal guardians the importance of confidentiality in concealing personal identity and clinical information with respect to the display of client artwork. Art therapists make clients aware that in an exhibit, confidentiality cannot be 100% protected, although every appropriate measure is taken to do so. Similarly, art therapists respect the rights of those clients who wish to be identified by name in exhibits.

22.4 Art therapists ensure proper exhibition safeguards so that clients and their imagery are not exploited, misrepresented, or otherwise misused.

22.5 In selecting artwork for exhibition, art therapists help clients make decisions based on several factors. These include:

- a) Reason(s) for the display of the artwork
- b) The therapeutic value of the artwork to the clients
- c) The degree of self-disclosure
- d) The ability of the client to tolerate audience reactions.

22.6 Art therapists are careful to make sure that exhibited art is protected from inadvertent destruction, vandalism and theft. The artwork is safely packed for return once the exhibit is over.

23.0 Requests to Train Non-Art Therapists

23.1 Art therapists refrain from offering art therapy training to unqualified non-art therapists. Art therapy training differs from workshops to enhance the personal growth of participants.

23.2 Art therapists recognize the importance of protecting the full range of theoretical coursework, supervised internships, art experiential, etc. that comprise true art therapy training. Weekends here and there or brief courses that are short-cut ways to "calling oneself an art therapist" do not provide a sufficient fully-rounded education for the non-art therapist to qualify for professional credentials.

23.3 Art therapists recognize that psychological harm can be caused to patients/clients in the hands of the unqualified and insufficiently trained individuals.

23.4 Colluding in the practice of training non-art therapists for monetary gain undermines the legitimate profession of art therapy.



24.0 Abiding by the EFAT Ethical Code for Art Therapists

24.1 Only art therapists who have fulfilled the criteria denoting professional categories of membership in EFAT, as Full Individual Members or Pioneer Members, may call themselves as such.

24.2 European EFAT member art therapists consult the *EFAT Code of Ethics for Art Therapists (CoE)* and/or the *EFAT Ethics Reference Guide (ERG)* when in doubt about how to react to an ethical issue.

24.3 If ever there is a conflict between the EFAT Code of Ethics and the legal ethical code of a member country, the art therapist is obligated to abide by the laws in his or her own country, first and foremost.

24.4 If the art therapist's ethical question is not resolved after reading the CoE or the ERG, he or she may pursue further clarification by consulting with colleagues or supervisors. They may also consult the EFAT Ethics Committee at ethics@arttherapyfederation.eu for further clarification.

We credit the *NEAT Ethics Code* (European Network for Art Therapists); the *BAAT Code of Ethics* (British Art Therapy Association); the *AATA Ethical Principles for Art Therapists* (American Art Therapy Association); the *ATCB Code of Ethics, Conduct, and Disciplinary Procedures* (Art Therapy Credentials Board); the *APA Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association); *Universal Declaration of Ethical Principles for Psychologists* (the International Union of Psychological Science); and the *APsA Code of Ethics: Principles and Standards of Ethics for Psychoanalysts* (American Psychoanalytic Association); *Ethics and Art Therapy*, Wiener Schule für Kunsttherapie. We recognize that many other valuable ethics documents exist in Europe and in our field all over the world, as well as in our sister professions.



APPENDIX A

PROCEDURES OF THE ETHICS COMMITTEE

1 - Mission

The Ethics Committee encourages and oversees the implementation of the Code of Ethics and the Ethics Reference Guide. It acts as a consulting entity to individuals and organisations who seek ethical advice. It convenes Ad Hoc to deliberate on complaints filed to EFAT's Board or the Ethics Committee directly.

2 - Composition of the EC

The Ethics Committee is composed of a minimum of 3 elected members to serve a four-year term. EC members are recruited as candidates from EFAT's Full Individual Members who have a proven work experience of at least 10 years. A new member may be appointed "provisionally" by the Board in between General Assembly elections, until the next General Assembly when that member becomes an EC candidate for election.

Members are replaced on a rotating basis so that the majority of members will serve in a continuous way. Ideally, one member per year will rotate out and a new member will rotate in. This will begin gradually as the Federation develops. As a prerequisite to joining the EC, new members will take an EFAT-approved ethics course.

3 - How the Ethics Committee functions

The Ethics Committee (EC) is entrusted with the duties of creating the *EFAT Ethical Code for Art Therapists* and updating its articles and procedures from time to time, subject to approval by EFAT's General Assembly.

Tasked with the responsibility of promoting ethical behaviour within art therapy practice, as well as bringing significant ethical issues to the attention of the general membership of EFAT, we shall provide panel discussions or workshops on ethics. We hope to expand our services to include webinars for educational purposes.

The Ethics Committee is responsible for responding to members' inquiries regarding the practice of ethics in art therapy. We help members and the public to understand the ethical issues involved in their questions and dilemmas as well as to carve out an ethical course of action when need be. We encourage members to contact us with questions and inquiries via ethics@arttherapyfederation.eu (see below).

4 - What is an ethical inquiry?

Any question related to the practice of art therapy can contain an ethical component and be a source of concern for art therapists. Such questions can arise in the art therapist's own practice or while observing colleagues' behaviour. For example, a question relating to any of the tenets in the EFAT Code of Ethics for Art Therapists may raise concern if you observe contradictory behaviour. Or, you may contact the EC if you feel you are requested to perform your duties in a way that goes contrary to what you think is ethical. Sometimes an art therapist may be faced with a complex situation. It is easy to feel uncertain as to the truly ethical way to handle it. Examples of common questions may include boundary violations, the therapist-client relationship, administrative requests, issues in supervision, and the like. Remember, no question is too small or insignificant to be brought up. If any situation or observation causes you discomfort and you would like to air it out, please feel free to consult us!



5 - Handling the Ethics Inquiry

All inquiries remain in complete confidentiality, both as to the identity of the individual making the inquiry and the content itself. The enquiring member's identity is never disclosed to anyone within or outside of EFAT in posing a question or expressing a concern. The content of the inquiry or dilemma remains completely confidential in our fully encrypted Ethics email account and archives.

6 - How do we handle your inquiries?

Members and the public may reach us via our confidential encrypted email account: ethics@arttherapyfederation.eu. Then, we will send you an acknowledgement that your inquiry has been received. After that, we review the issue(s) involved, and discuss it among ourselves. We review all inquiries in a non-judgmental way, carefully examining all sides of each issue. Upon reaching a consensus of agreement within the EC, we email you our response. If you have further questions, we may continue the discussion together via email or video conference with the EC chair.

7 - Violations of the EFAT CoE

If an EFAT member has egregiously violated the *EFAT Code of Ethics*, the EC along with the EFAT Board will examine the issue. The EC, along with the Board, will determine the appropriate procedures for handling such violations. These procedures will be written into the *Code of Ethics* as "Procedures."



APPENDIX B

EXAMPLE OF LETTER OF SIGNED INFORMED CONSENT

Here is one example of such a form [version by Elizabeth Stone]. There are many others as well. Art therapists can create the consent form that conforms to their needs.

Permission Form for Photographing Artwork of Art Therapy Sessions

I, the undersigned,

hereby give permission for _____ (the art therapist's name)

to photograph my artwork for professional purposes (check all that apply):

- research and/or publication,
- professional seminars and conferences,
- education of professionals about the field of art therapy,
- record keeping purposes,
- consultation with other mental health professional(s) on behalf of the patient/client,
- exhibit or display,
- all of the above,

I understand that all precautions necessary will be taken to ensure confidentiality and the protection of my identity. I understand, further, that I retain all rights to revoke this permission if I should so choose.

Patient/Client

Date

Art Therapist

Date

Parent/ Guardian's signature

Date



APPENDIX C

RESOLVING ETHICAL CONFLICTS WITHIN EFAT

Ethical conflicts are handled first by encouraging a discussion between the individual members concerned. Each explains to the other the nature of the difficulty and both try to resolve the conflict amicably.

If the nature of the conflict is more serious, the EFAT EC may be consulted. If a conflict between members involves a serious ethical breach and requires intervention or mediation to effectuate a resolution, the EC chair consults the Board.

If ethical conflicts reach the level of an egregious breach of ethics, the EC along with EFAT Board members arrive at a resolution. The adjudication procedure, or means of intervention, requires further definition by the EC along with the Board. A ladder of sanctions could be applied before termination of membership of the offending member takes place.



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