The British Association of Dramatherapists

CODE OF PRACTICE

Revised September 2005

This statement replaces all previous documents and is applicable to all Full Members of the Association. ‘Dramatherapist’ is a title protected by law so Full Members of BADth must be registered as Dramatherapists with the Health Professions Council. BADth’s Code should therefore be read in conjunction with the following HPC publications: Standards of Conduct, Performance and Ethics, Fitness to Practise, CPD requirements and Standards of Proficiency – Arts Therapists.

All practitioners should inform clients that their practice is governed by both The Health Professions Council’s and The British Association of Dramatherapists’ Codes of Practice.

In this statement, the term ‘practitioner’ is used to refer specifically to Dramatherapists. The term ‘client’ is used to encompass therapy with individuals, families, groups, couples, and other social units. The Code is also applicable to any other work undertaken as a dramatherapist, for example in an organisational context as a team building facilitator or training workshops.

Trainee Dramatherapists on clinical placements must adhere to this Code.

Introduction

BADth’s current definition of dramatherapy is:

Dramatherapy has as its main forms the intentional use of the healing aspects of drama and theatre within the therapeutic process. It is a method of working and playing which uses action to facilitate creativity, imagination, learning, insight, and growth.

The Health Professions Council Standards of Proficiency for Arts Therapists document (2003) describes Dramatherapy as:

…a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, and the performance arts have a central position within the therapeutic relationship

While a range of theoretical and practical orientations may inform the interventions devised by practitioners, the Code of Practice is intended to be generic.

Dramatherapists appreciate the variety of human experience and culture and ensure that their practice is based on anti-discriminatory principles and values.
CODE OF PRACTICE

THE CLIENT

Dramatherapists have moral and ethical responsibilities towards clients and must ensure that they practise with integrity. Dramatherapists should monitor their practice to ensure that they are not making discriminatory decisions based upon a client's race, class, culture, nationality, gender, age, marital status, physical or mental ability, physical appearance, religion, political opinions or sexual orientation. Respect for clients should be maintained in verbal and written reports and notes.

Confidentiality

Generally, information received from the clients should be treated as privileged and confidential both during and following the completion of therapy.

However, there are circumstances in which information must be shared with other people or organisations outside of the therapy relationship. The client should be informed that communication of confidential information is permissible in the following circumstances:

• in discussion with the Dramatherapist’s supervisor, co-therapist or supervision group;
• with other professionals related directly to the case/care of the client;
• when a group member has reason to believe that a breach of professional conduct has taken place and intends to inform the regulating body;
• when the therapist considers that the client, another individual or group of people or society at large is deemed to be in danger of serious harm;
• when the client is deemed by the therapist to be at serious risk from self harm;
• when the practitioner is aware of child protection issues being raised in the course of the therapy, even though the therapist may not have direct contact with the child;
• when a court order to reveal information is issued. Failure to provide information may place the practitioner in contempt of court.

Child Protection

Dramatherapists must be conversant with legislation relating to child protection and the rules of the organisation/venue in which the therapy takes place.

Practitioners have a legal obligation to protect children in any situation where the parents or carers are not offering them basic protection. If a practitioner has cause to suspect that, a child is being abused or at risk of abuse, s/he has a duty to refer that concern to her supervisor, to the specialist staff/line manager within the organisation and, if necessary, to Social Services, or the police.

In a situation where there appears to be a conflict of interests the needs of the child must take priority.

The main areas where action must be taken are:

Physical Abuse— is defined as actual or likely physical injury to a child, or failure to prevent physical injury (or suffering) to a child. It can include definite knowledge or reasonable suspicion that an injury was inflicted, or not prevented because of failure to exercise reasonable care by a carer; physical abuse includes deliberate poisoning;
Sexual Abuse The Department of Health Guidelines (1991) define sexual abuse as ‘actual or likely sexual exploitation of a child or adolescent’. It involves the use of children for the sexual stimulation of adults and covers participation in any sexual activity by a dependent, developmentally immature child who is unable to understand the nature of the activity;

Emotional Abuse - is the actual or likely severe adverse effect on the emotional and behavioural development of a child caused by coldness, hostility, rejection or severe over protection;

Omission of Care - neglect is defined as the persistent or severe negligence of care. For example, exposure to danger, including cold and starvation, which result in serious impairment of the child’s health or development.

Consent
Clients should consent to Dramatherapy interventions prior to the start of therapy. Dramatherapists working with children must comply with the current legislation relating to consent to therapy. In order to provide informed consent the client must understand the nature of dramatherapy interventions and the relevance of the art form to therapy.

Communications systems relevant to the client’s level, scope, and/or method of understanding should be employed.

Dramatherapeutic interventions may involve appropriate touching of other clients 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 is initiated. A client’s expressed wish not to be touched should be respected.

A dramatherapist using (or withholding) touch in a therapeutic setting should discuss these decisions in clinical supervision.

In the case of children, a child’s parents/guardian/carer and service purchasers should be communicated with before Dramatherapy commences. The issue of touch should be negotiated with the child during the therapeutic process unless specific rules relating to touch are set by the employers. However, Dramatherapists working within the education system should make certain that they adhere to the rules concerning touch of the Local Education Authority, as well as those of the education establishment itself.

The client’s specific consent will be sought for:

- using case material for publication, teaching or broadcasting. Publications must be presented in a way that preserves the client’s anonymity. (if the client is unable to provide informed consent, the practitioner must obtain consent from a designated guardian or other person able to speak on the client’s behalf) In the case of visual recordings material must be pre viewed by clients prior to distribution. Participants must have the right to edit, modify or delete any material in which they appear. Consent may be withdrawn at any point. Legal advice should be sought for instances of public broadcasting of sessions.

- conveying information to the client’s family, employer or any other organisation, agency or person seeking information.

Where the client is deemed incapable of giving consent, for example, a person with organic brain injury, the therapist must seek clarification on the current laws.
Information
Dramatherapists should provide clients with relevant information about their:

- qualifications and details of state registration;
- areas of expertise and experience;
- code of practice.

Dramatherapists must not misrepresent their professional qualifications, experience and memberships of organisations or institutions.

Remuneration

- Dramatherapists must not offer a commission, fee or privilege to any person making a referral. Clients must not be offered any privileges for agreeing to participate in research or publication or other presentation of their case material.
- Dramatherapists must not use information received in their relationships with clients for personal gain.
- Dramatherapists in private practice must state their fees clearly.

Contracts

Therapy and risk assessments should be completed in order to decide whether it is appropriate to offer therapy to clients.

A clearly written contract that outlines the nature and form of the proposed therapy must be agreed with the client. This contract should be reviewed regularly to ensure that the client’s needs and welfare are prioritised. Dramatherapists in private practice must include details of fees, methods of payment and financial arrangements for cancelled or missed appointments.

When working with children, Dramatherapists must make sure that the child or young person understands and contributes to their joint contract for the work. When appropriate, pictures and other non-verbal ways of sharing contractual meaning may be used. This may also apply to adolescents and adults who are unable to read and write.

Appropriate time and attention must be given to the conclusion of the therapy. Follow up arrangements should be contracted in a clear manner.

Boundaries

Dramatherapists should be aware of professional boundaries with all clients. Role awareness is of paramount importance in the therapy relationship. Under no circumstances should a sexual relationship be formed with a client or ex client. Social contact with clients should be avoided. Boundaries can be compromised when the dramatherapist has a dual relationship with someone they are working with. A dual relationship exists if, for example, a client is referred who is known socially to the dramatherapist or if a former client asks for supervision, having themselves trained as a therapist. Any such dual relationships should be discussed in supervision and the results of the discussion recorded before the dual relationship is either proceeded with or terminated.

Dramatherapists providing therapy for trainee Dramatherapists should not have contact with the trainee in any other role connected with the training. It is acknowledged that the therapist and trainee client may come into contact with each other during events organised by BADth. This area should be discussed during the contracting period.
The working environment should comply with health and safety standards. The therapy space should be adequately sound proofed and provide a level of privacy compatible with a confidential therapy relationship.

When working with children, the dramatherapist may be required, by some organisations, to work in a room or space where there is a viewing window at adult height so school staff/managers may see them at work. This is to protect the safety of the work, the child and the dramatherapist.

All artefacts or written material created by the client during the course of therapy should be treated as confidential and stored in a secure container between sessions. Clients may choose to keep or destroy some items at the end of the therapy. These choices must be recorded in the therapist’s notes. Items remaining in the therapist’s care should be stored for the same period as notes.

Dramatherapists ensure that they do not use their professional relationships with clients to satisfy their own emotional needs.

 Clients should be informed of any aspects of the therapy that might affect the client’s participation. For example, the use of video-tape or other recording devices, one-way mirrors or trainee observers. Informed consent must be obtained in method compatible with the client’s abilities to read and write. The client should be informed that they may withdraw consent at any time without prejudice. Positive and negative feelings towards clients should be discussed with a clinical supervisor.

PROFESSIONAL CONDUCT

Dramatherapists respect the training, practice, and the experience of other professionals and, are aware of, and respect the community in which they work.

Dramatherapists shall, at all times, maintain responsibility for deciding on the suitability of referrals for dramatherapeutic interventions, whatever the source of referrals. Freelance dramatherapists and others not working as part of a therapy team should ensure they establish a clear working relationship not only with the client but, preferably, with his/her consent, with any other professionals involved in his/her care.

Dramatherapists comply with the laws of the country in which they work and behave with a high degree of personal integrity as exemplified by fairness, honesty, consistency and truthfulness combined with the use of discretion.

Dramatherapists do not work while under the influence of alcohol or other substances, which may effect their judgement and perceptions.

Clinical supervision is essential to good practice and Dramatherapists maintain regular supervision in addition to monitoring and reviewing their work alone and with peers.

Dramatherapists acknowledge the boundaries of their personal competence and, if in doubt, are prepared to seek the advice of someone with appropriate qualifications and experience.

Dramatherapists recognise the need for ongoing professional development and actively seek ways to increase their knowledge. Dramatherapists must maintain an awareness of developments in research and clinical practice, for example by reading professional journals or attending conferences and workshops.

Dramatherapists should recognise that the personal distress that may arise as part of an agreed treatment process is distinct from physical or mental distress occasioned by malpractice or inhumane or cruel behaviour.

Dramatherapists are aware of and comply with the Human Rights Act 1998, and are conversant with any other legislation relevant to their area of work.
Any concerns about a colleague’s behaviour or conduct should be reported to the relevant personnel. Dramatherapists must be conversant with the Public Interest Disclosure Act/Order (1999).

The Dramatherapist is responsible for making sure that he/she is adequately insured through Professional Indemnity Insurance.

Dramatherapists are encouraged to research their own practice and to facilitate the research of others. Such research must be within appropriate guidelines for research governance and within any code of research ethics adopted by BADth.

RECORD KEEPING

Record keeping is an integral part of Dramatherapy practice. The term ‘records’ includes:

- written records;
- photographs, slides, and other images;
- microform (i.e. fiche / film);
- audio and video tapes, cassettes, CD-ROM;
- E mails;
- digital records;
- computerised records.

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

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

A clear record of all therapy sessions, and communications with clients or about 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 litigation.


The Data Protection Act 1984 gives clients access to computer held records. It also regulates the storage and protection of client information held on computer.

In some cases, information can be withheld from a client. Further information can be found in Guide to the Access to Health Records Act 1990 published by Government Health Departments.

Dramatherapists working within organisations must establish under which circumstances other professionals will have access to dramatherapy 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. As a guide, records should be kept for eight years after the termination of therapy.

In the case of a minor, notes should be retained until the client’s 25th birthday or 26th if the young person was 17 at conclusion of treatment, or 8 years after last entry in the record, if longer, or 8 years after death if death occurred before 18th birthday.

Notes and artefacts must be destroyed in confidential conditions.

All systems for recording client work must ensure security in order to preserve confidentiality. Private practitioners must ensure that provision for secure arrangements for storage or destruction of notes are made in case they should become incapacitated unexpectedly or die.

Disclaimer

- This code of practice is not a definitive statement of British/Scottish law.
- Dramatherapists need to be aware of any pre-existing guidelines, procedures or requirements that are defined in their contract(s) of employment.
- Dramatherapists must abide by the laws of the country in which they practise.
- BADth acknowledges the cooperation of The Sesame Institute with this revision of the Code of Practice.

Appendix 1

Guidance on the ethical issues of video taping, photographing, audio recording or filming of Dramatherapy sessions and their subsequent viewing.

The reasons for recording material can be classified into main areas: those that have a therapeutic purpose, the viewing would usually be restricted to group members and 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 clients 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, Dramatherapists 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 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.

Dramatherapists must explain to clients 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.

Dramatherapists must consider their own and the clients' 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 Dramatherapy interventions it is important to clarify that the material is constructed from the clients' 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 themselves, is edited, modified or deleted.

**Therapeutic Purpose**

This refers to the use of recorded material, in whatever form, with clients in the therapy setting. 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.

Dramatherapists should not involve clients who are experiencing dramatherapy for the first time for the above. Clients 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.

Dramatherapists 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 Dramatherapist 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;

• clients must be recruited specifically for this purpose;
• careful assessment must be made of the individual’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;

Dramatherapists 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 clients 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 clients being unable to write, consent must be recorded in an appropriate form. In the case of minors, a guardian’s consent must be obtained.

The Standards of Ethical Practice for Registered Supervisors of Dramatherapy can be viewed on the BADth Website.