CODE OF PRACTICE

Revised April 2019

The British Association of Dramatherapists
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1. INTRODUCTION & GENERAL PRINCIPLES

1.1 Introduction

1.1.1. BADth aims to promote the highest standards of professional Dramatherapy practice. This statement replaces all previous documents and is applicable to all Full and International Members of the Association. 'Dramatherapist' is a title protected by law so Full Members of BADth must be registered as Dramatherapists with the Health and Care Professions Council (HCPC).

1.1.2. Trainee Dramatherapists must comply with the *HCPC Guidance on conduct and ethics for students 2016* as well as adhering to this code where appropriate.

1.1.3. Full and International members of BADth should adhere to this Code of Practice and have a responsibility to be conversant with all of the following HCPC regulations and guidance for practice:

Standards of Conduct, Performance and Ethics 2016

Standards of Proficiency – Arts Therapists 2013

Standards of continuing professional development 2016

Confidentiality - Guidance for registrants 2017

Guidance on Social Media 2017

Guidance on Health and Character 2017

International members who are not registered with the HCPC may find these documents helpful.

1.1.4. Throughout this code, UK legislation has been referenced. International members must adhere to their home country's regulatory body and government legislation.

1.1.5. Any other standards or guidelines produced by the HCPC or BADth after publication of this Code of Practice must be adhered to. Throughout this document, all up to date HCPC and BADth guidelines and government legislation are included as hyperlinks. Dramatherapists must ensure that they are using up-to-date legislation and guidance after this publication of the BADth Code of Practice.

1.1.6 All practitioners should inform clients that their practice is governed by both the HCPC's Standards of Proficiency and The British Association of Dramatherapists' Code of Practice. Anyone can check if a Dramatherapist is registered with the HCPC at: *http://www.hpc-uk.org/check/*. The Dramatherapist's full name or HCPC registration number will need to be known. Dramatherapists are located in the Arts Therapist section.

1.1.7. In this document, the term 'practitioner' is used to refer specifically to Dramatherapists. The term 'client' includes any person seeking therapy and includes individuals, families, groups, couples, and other social units. Dramatherapists providing therapy for students must adhere to the regulations and recommendations stipulated by BADth. 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 in training workshops.

1.1.8. Full Members must ensure that they:

- maintain their registration with the HCPC;
- practise in accordance with the principles outlined in this document and any other code of practice documents produced by BADth and the HCPC;
- practise within their scope of knowledge and competencies.
- practise lawfully, safely, effectively and ensure that the interests of clients remain their primary concern at all times;
- undertake clinical supervision in accordance with the BADth guidelines for supervision. The Clinical Supervision Guidelines for the Profession (March 2019) can be viewed on the members' area of the BADth website.
- hold personal professional indemnity insurance if this is not provided by an employer;
- maintain regular continuing professional development.

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

1.2. Definition

1.2.1. BADth's current definition of Dramatherapy is:

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

1.2.2. The Health and Care Professions Council Standards of Proficiency for Arts Therapists document (2013) describes Dramatherapy as:

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

1.3. Forms of Practice

1.3.1. Employment: The Dramatherapist is an employee of an organisation.

1.3.2. Sessional or freelance work is when a Dramatherapist works within the context of an organisation and is paid by the organisation but may not be an employee. A sessional or freelance worker may be defined as a person providing a service to an organisation that is paying for a specialist input or providing a service on the basis of an agreed number of hours to be worked within a specified period or an ad hoc arrangement to meet varying need. The sessional or freelance worker may be classed as an employee on a fixed term contract.

1.3.3. The organisation will refer clients to the Dramatherapist for assessment and treatment. The Dramatherapist has a duty to liaise, and give and receive feedback to appropriate members of the team and abide by any codes of conduct supplied by the organisation. Therefore, although they may not be an employee, the Dramatherapist working sessionally is part of an organisation and does not work in isolation. This is an important safety factor, especially when newly qualified.

1.3.4. If a group of practitioners have formed a partnership, community interest group, charity or a company then the organisation will usually be contracting the company, charity or partnership to provide a service on a freelance basis. An individual may also practise as a self-employed Dramatherapist and sell their services to an organisation. In the former case, the partnership or company will be the employer and contract out services.

1.3.5. Private practice is work undertaken as an independent Dramatherapist. The client, funding body or another person pays the Dramatherapist for therapy, which takes place in premises owned or otherwise hired by the Dramatherapist. Clients may self-refer or be referred by an organisation or agency. The Dramatherapist is not part of a treatment team but may be required to provide reports or liaise with referring teams.

1.4. Autonomy

1.4.1. As health professionals registered with the HCPC, Dramatherapists are autonomous practitioners and, should they be the subject of an HCPC fitness to practise investigation, they will be held accountable on this basis. Dramatherapists are not accountable for clinical or other decisions made by other professionals. However, they do have an obligation to take appropriate action if they become aware of practice which deviates from acceptable levels of good practice, regardless of whether or not they have any formal authority over them.

1.4.2. Defining autonomy within an employment or freelance structure:

- Clinical autonomy is the freedom to exercise discretion in Dramatherapy casework with individuals and groups within available resources, without this discretion being overridden by another authority unless negligence or some other impropriety is suspected
- Clinical and practice autonomy are exercised within any general policy frameworks or priority constraints set by a manager or other policy makers. Clinical autonomy refers to the Dramatherapist's discretion in Dramatherapy practice with clients; practice autonomy refers to the freedom to exercise discretion in the immediate management of a defined limit and available resources.

2. THE CLIENT

2.1. General

2.1.1. Dramatherapists must maintain high standards of professional competence and integrity.

2.1.2. Dramatherapists should work within their 'scope of practice'; they should therefore only accept work in the areas in which they are competent to practise or provide advice. Competence in particular areas is determined by training and experience. Likewise, the scope and evidence base for Dramatherapy should not be misrepresented to clients, organisations or the general public.

2.1.3. Dramatherapists must keep themselves informed about and up to date with current advances and clinical developments related to their practice.

2.1.4. Dramatherapists must, as far as practicable, be aware of any other treatment, whether for physical, psychological or mental health disorders, that clients are receiving and make appropriate clinical decisions according to the clients' needs.

2.1.5. Dramatherapists have moral and ethical responsibilities towards clients and must ensure that they practise with integrity. Respect for clients should be maintained in verbal and written reports and notes.

2.2. Equality and Diversity

2.2.1. Dramatherapists have moral and ethical responsibilities towards clients and must ensure 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, knowledge base, interests or sexual orientation.

2.2.2. Dramatherapists should be aware of the impact of culture, in its widest context, within the therapy situation. Good practice includes knowledge and awareness of:

- the importance of cultural values, beliefs, ideas and knowledge and variations between cultures;
- cultural attitudes towards touch, drama, theatre, story, art and their components, such as movement and costume;
- cultural differences in perceptions of symbols, imagery and metaphors;
- dynamics that can arise from cultural or physical differences or perceptions of others;
- the need to expand cultural knowledge and the adaptation of services to meet differing physical and intellectual needs;
- Lesbian, gay, bisexual, transgender and queer + issues.
- the physical and psychological impact of disabilities including those that may be termed as hidden or invisible disabilities;
- The *Equality Act 2010* and any subsequent amendments to the Act.

2.2.3. Material selected for therapy should not be influenced by the Dramatherapist's perceptions of the client's class, status and educational attainment.

2.2.4. Dramatherapists should practise in accordance with the *BADth Intercultural Good Practice Guidelines*. This can be found on the BADth Guidelines page of the members' area of the BADth website.

2.3. Confidentiality

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

2.3.2. 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 but without identifying/naming individuals;
- with other professionals related directly to the case/care of the client;
- when a member of a therapy group has reason to believe that a breach of professional conduct has taken place and intends to inform the Dramatherapist's regulating body;
- when the Dramatherapist 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 Dramatherapist to be at serious risk from self-harm;
- when the practitioner is aware of child protection or adult safeguarding issues being raised in the course of the therapy, even though the Dramatherapist may not have direct contact with the child or adult;
- when a court order to reveal information is issued. Dramatherapists need to be aware of what their insurance policies cover in terms of legal advice in such situations.

2.3.3. There is a legal duty to keep to orders made by a court. You should tell the client if you have had to disclose information about them by law, unless there are good reasons not to, for example, if informing them would affect how serious crime is prevented or detected. You should also only provide the information you have been asked for and keep a record of this.

Not all requests from solicitors, the police or a court are made under a legal power that means you must disclose information. If disclosure is not required by law, and cannot be justified in the public interest, express consent from the service user must be obtained.

Guidance from appropriate managers or insurers should also be sought.

2.3.4. Dramatherapists should consider the impact that legally required disclosures will have on the client/therapist relationship and examine this area in supervision.

2.3.5. Dramatherapists must be familiar with the *HCPC Confidentiality - Guidance for registrants 2017.*

2.3.6. When working with children as well as other adult client groups, the Dramatherapist may be required, by some organisations, to work in a room or space where there is a viewing window so school staff/managers may see them at work. This is to protect the safety of the work, the client and the Dramatherapist.

2.4. Child Protection

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

2.4.2. Practitioners have a legal obligation to protect children who are at risk from harm. If a practitioner has cause to suspect that a child is being abused or at risk of abuse or harm, s/he has a duty to refer that concern to her/her supervisor, to the specialist staff/line manager within the organisation and, if necessary, to their local Children's Services, or, where appropriate, the police. Practitioners should assess the situation, refer to the relevant agency and where appropriate, intervene themselves.

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

2.4.3. *Keeping Children Safe in Education 2018* highlights that adults working with children should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another. Dramatherapists should also be familiar with *Working Together to Safeguard Children 2018*, a guide to inter-agency working to safeguard and promote the welfare of children.

2.4.4. The main areas where action must be taken are:

2.4.4.1. Physical abuse: a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

2.4.4.2. Emotional abuse: the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the

exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may and does occur alone in some cases.

2.4.4.3. Sexual abuse: involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). It is important to remember that sexual abuse can be perpetrated by any adult or child.

2.4.4.4. Neglect: the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result, for example, of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. It is also important to consider that fabricated or induced illness (FII) is a rare form of child abuse which occurs when a parent or carer exaggerates or deliberately causes symptoms of illness in the child.

2.4.5. Dramatherapists must also be aware of other forms of harm including witnessing domestic abuse, modern slavery and peer on peer abuse including online abuse, sexting and cyber bullying. *The NSPCC has information online.*

2.4.6. If relevant for their country of practice, Dramatherapists should familiarise themselves with the *Prevent agenda* and how it may impact upon their practice.

2.5. Adult Safeguarding

2.5.1 Dramatherapists must be conversant with legislation relating to adult safeguarding and the rules of the organisation/venue in which the therapy takes place. Dramatherapists in the UK must be familiar with the *Care Act 2014* and other relevant statutory guidance related to adult safeguarding in their country.

2.6. Information & Advertising

2.6.1. Dramatherapists should provide clients with relevant information about their:

- qualifications and details of state registration;
- areas of expertise and experience;

- Relevant codes of practice.

2.6.2. Dramatherapists must not misrepresent their professional qualifications, training, experience and memberships of organisations or institutions. They must ensure that any advertising, in any form including social media, for private and/or freelance practice, is clear and does not contain any misleading information about themselves, colleagues, employees or Dramatherapy.

2.6.3. Members must follow the HCPC guidelines on the use of the HCPC logo and the BADth *Guidelines for use of the BADth logo*. See the BADth Guidelines on the Members Area of the website.

2.7. Renumeration

2.7.1. Members should be aware of the *Bribery Act 2010*.

2.7.2. Dramatherapists must not offer a commission, fee or privilege to any person making a referral.

2.7.3. Dramatherapists in private practice must state their fees clearly including the likelihood of future price increase.

2.8. Contracts and Consent

2.8.1. Dramatherapists must inform and provide information to prospective clients, parents or referring agents about the Dramatherapy services being offered including:

- qualifications and details of state registration and codes of ethics and practice;
- areas of expertise and experience;
- a clear description of Dramatherapy;
- description or demonstration of potential benefits of the work;
- potential risks for clients entering therapy including possible disruptions of or increased intensity of feelings;
- the possibility that another form of therapy could be more helpful (it is not recommended that clients enter into another form of psychotherapy alongside Dramatherapy);
- record keeping and rights of access to records;
- the locations of relevant codes of ethics and complaints procedures;
- the purpose of clinical supervision;
- the purpose and format of assessment and evaluation methods.

2.8.2. Private and freelance practitioners should include information about:

- Charges for the therapy sessions, workshops or training and any additional charges that could be levied for services like report writing or providing court reports.

2.8.3. The Contract

2.8.3.1. The contract should be formulated with the client(s) and include:

- the frequency and duration of the sessions;
- arrangements for cancelling sessions;
- the frequency of reviews and/or the likely duration of the therapy;
- any conditions under which the Dramatherapist may withdraw therapy or services;
- charges for missed appointments or cancelled services;
- the possibility of charges for any other services that could be required or requested by the client or clients that are not included in the initial contract.

2.8.3.2. Contracts should be reviewed regularly to ensure that the client's needs and welfare are prioritised.

2.8.3.3. Dramatherapists working with children and vulnerable adults must comply with the current legislation relating to consent to therapy.

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

2.8.3.5. Dramatherapy interventions may involve appropriate touching of other clients and the Dramatherapist(s), or touch by the Dramatherapist. The nature and purpose of touch must be explained and informed consent sought prior to any initiating physical contact. A client's expressed wish not to be touched should be respected. 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 discussed with the child during the therapeutic process unless specific rules relating to touch are set by the employers. Dramatherapists working within the education system or other clinical settings such as the CCG or NHS must make certain that they are aware of the rules concerning touch of the Local Authority, as well as those of the establishment itself. If necessary, Dramatherapists should negotiate with the employer or local authority if touch is forbidden and the client may benefit from touch as a therapeutic intervention. Dramatherapists should ensure transparency of the methodology of Dramatherapy and its beneficial use of touch within the setting. A Dramatherapist using (or withholding) touch in a therapeutic setting should discuss these decisions in clinical supervision.

2.8.3.6. Publications and information given to a clinical supervisor 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.

2.8.3.7. When providing therapy via Skype™ or other online media, it is important that a contract specific to this work is made between the Dramatherapist and client including the following:

- what the agreed protocol is in the event of connection disruption;
- agreement to not be looking on other tabs or screens online, unless this is part of the therapy;
- maintaining confidentiality.

It may be important to discuss with a client why they are engaging in therapy via Skype™ and not face to face. Dramatherapists should maintain an awareness of the client feeling isolated and discuss with the client their choice of Skype™ over face to face therapy. Skype™ is not appropriate for clients who are experiencing profound mental health issues and/or clients who are suicidal.

2.8.4. Consent

2.8.4.1. Clients must consent to Dramatherapy interventions prior to the start of therapy. Consent must be informed and explicit.

2.8.4.2. Obtaining a signature on a consent form or contract is not always evidence that consent has been obtained if the client has not been enabled to understand the content of the form. Consent is an ongoing process and can be withdrawn at any time. The client must be informed that they may withdraw consent at any time without prejudice or explanation.

2.8.4.3. If a client who is unable to provide a signature but has provided consent orally or by any other form of communication, the Dramatherapists must ensure that they record how consent was obtained.

2.8.4.4. Completed consent forms should be kept with the clients' notes and a new form should be written to incorporate any agreed changes or amendments.

2.8.4.5. Dramatherapists can only obtain consent for interventions they are capable and qualified to provide. Consent for areas not within their scope of practice will be invalid.

2.8.4.6. Clients' consent must be obtained for any aspects of the therapy that might affect the client's participation. For example, the use of digital or other recording devices, one-way mirrors or trainee observers. See the BADth Guidelines on the Members Area of the BADth website for the full *Guidance on the ethical issues of photographing*, which includes audio recording or filming of Dramatherapy sessions and their subsequent viewing.

2.8.4.7. Informed consent must be obtained in methods compatible with the client's abilities to read and write.

2.8.4.8. Dramatherapists must be aware of the differences between child assent and informed or expressed consent.

2.8.5. Consent when clients lack capacity

2.8.5.1. Dramatherapists must ensure that they are conversant with regulations relating to consent as specified in the Mental Health Act of their country and any related legislation. In the UK, Dramatherapists must be conversant with the *Mental Health Act 1983.*

2.8.5.2. Dramatherapists should differentiate between lack of capacity (whether continuous or temporary) and communication difficulties. In order to make decisions they may need to involve other professionals with appropriate qualifications and skills.

2.8.6. Consent and children

2.8.6.1. The age of consent in the UK is 16 years old. Therefore, in most cases, parental consent is required for children under the age of 16 to receive Dramatherapy. With regard to consent, Dramatherapists must ensure that they are conversant with the appropriate Children Act and legislation for their country or location. For example, in Scotland, the definition of a 'child' varies according to the legal circumstances and Dramatherapists practicing in Scotland should refer to the *Children and Young People (Scotland) Act 2014*. The *Children Act 2004* should be referred to for Dramatherapists practising in the UK or Wales. Further, Dramatherapists need to be aware of the *United Nations Convention on the Rights of the Child* (UNCRC) and the *Education and Adoption Act 2016* because in the case of adoption and fostering the age of consent may be different.

2.8.6.2. Parental consent being required does not mean that children should not play any role in the informed consent process. For children, it is important to obtain their assent to Dramatherapy treatment. Depending on the child's age and development, children may have varied levels of participation in the informed consent process. Assent involves sharing information to the child at a developmentally-appropriate level so that they understand what Dramatherapy is, the nature of the process, the Dramatherapist's role, the fact that they can withdraw their assent at any time and other relevant information. Dramatherapists must maintain awareness of the Hawthorn effect, which is the child wanting to please the adult, rather than making their own choice. The child's assent to Dramatherapy is an ongoing process throughout treatment as part of the therapeutic alliance.

2.8.6.3. Once parental/guardian consent has been provided for under 16's it is the client alone who can withdraw assent to therapy even if the parent wishes for it to continue, unless there is a query about the child's competency to assent to treatment. Should the issue of mental competency arise within a case, Dramatherapists should undertake professional or case related inquiries.

2.8.6.4. If a child under the age of 16 has been deemed as competent to give consent then technically parental consent to treatment is not required and the therapist must respect any request made by the child to withhold treatment details from those with parental responsibility. The test of this is referred to as being Gillick Competent in England and Wales (and upheld in Northern Ireland) and in Scotland it is *The Age of Legal Capacity (Scotland) Act 1991*. The test of Gillick competency is, in essence, that a child has sufficient understanding and intelligence to be able to understand fully what is being proposed. The testing has to be carried out by trained medical professionals. Even where a child is deemed competent to consent, it is good practice to encourage the child to involve those with parental responsibility to be involved with decision making processes.

2.8.6.5. Dramatherapists engaged in therapy with children must seek to balance the child's rights and wishes with their responsibility to ensure that a child or children are protected from harm.

2.8.7. Consent and people with dementia or loss of memory

2.8.7.1. It should not be assumed that that a person with dementia or memory loss cannot take part in any decision making. They may have the capacity to understand and give consent to straightforward aspects of care but lack the capacity to understand and provide consent for more complex areas of care. Several areas need to be considered:

- The clients' capacity to understand simple and complex areas of care may fluctuate from day to day or hour to hour. In this case treatment decisions should be delayed until there is a time when a decision can be made.
- People close to the client or their advocates may be able to assist with decisions about the best times of day or other factors that may be relevant to the person's capacity to receive and respond to communication and the most effective forms of communication
- The Dramatherapist should facilitate communication between the potential client and a third person to ensure that the potential client's views are being conveyed in an accurate manner.

2.8.8. Consent with people in prisons

2.8.8.1. People serving a prison sentence have the same rights to decline any treatment as any other person. It is therefore important to establish that consent is freely given without any implication that agreeing to participate in Dramatherapy would bring any privileges.

2.8.8.2. Similarly, it must be clear that if a prisoner is suffering from a serious mental disorder which warrants detention and care under a section of the *Mental Health Act 1983,* the powers provided by the Act can only be used if a prisoner is detained in hospital. Prison health care centres are not considered to be hospitals therefore these powers can only be used if or when the prisoner has been transferred to an appropriate hospital which is covered by the Act.

2.8.9. General considerations

2.8.9.1. Where the client is deemed incapable of giving consent, for example, a person with organic brain injury, the Dramatherapist must seek clarification on current laws or contact their insurance legal advice team.

2.8.9.2. The client's (or a person designated to provide client consent on the client's behalf) specific consent must be sought for:

- using case material (including any artefacts created during the therapy) for publication, teaching or broadcasting.
- conveying information to the client's family, employer or any other organisation, agency or employer.

2.9. Referral, Assessment and Evaluation

2.9.1. Dramatherapists should, whenever possible, seek a written referral for a client from an appropriate agent. Clients who refer themselves (for example, into a private practice) should be asked to provide a written request for Dramatherapy after the initial contract.

2.9.2. Dramatherapists should ensure that they include knowledge of assessment and evaluation procedures and methods in their professional development and ensure that they have the competencies to use these appropriately and effectively.

2.9.3. Dramatherapists should always be aware that the assessment period is a two-way process during which the client or clients are enabled to express their needs and define their desired outcomes.

2.9.4. Dramatherapists should be aware of current research and practice based evidence that define the best and most effective practice. If any evidence suggests that some or all of the components of Dramatherapy could be contra-indicated for specific clients these should not be included in any interventions or the client should be informed that Dramatherapy is not appropriate.

2.9.5. Goals or desired outcomes of the therapy should be formulated with the clients' active involvement and understanding and reflect the client's needs, difficulties and strengths. These desired outcomes should be reviewed at agreed times during the therapy.

2.9.6. Clients must be actively involved in evaluation processes, using methods in line with their levels of understanding and mental and physical capacity.

2.10. Closure

2.10.1. Whenever possible, the therapy sessions should be terminated with the client's agreement and in a planned manner. If this is not possible then a final letter should be sent to the client. Therapy should be terminated if it becomes unhelpful or inappropriate.

2.10.2. Where the client has provided consent for information to be shared with other relevant professionals involved with their care, a written discharge/transfer summary must be produced and forwarded to them.

2.11. Conflicts of Interest & Dual Relationships

2.11.1. Dramatherapists should be aware of professional boundaries with all clients and ensure that they always put the interests of clients before their own interests, or those of colleagues, organisations or other interested parties such as relatives or employers.

2.11.2. Role awareness is of paramount importance in the therapy relationship. A dual relationship is one in which the client and Dramatherapist engage in a separate or distinct relationship separate from that that of client/Dramatherapist. Examples are:

- engaging in a close personal relationship with a client;
- engaging in a sexual relationship with a client;

- borrowing money from a client;
- employing a client or engaging a client to work for the Dramatherapist in any capacity;
- engaging in a business venture with a client;
- a former client asks for supervision, having themselves trained as a Dramatherapist;
- exploiting a client in any other way.

2.11.3. Dual relationships should be avoided. Any such dual relationships, including inadvertent or coincidental occurrences, should be discussed in supervision and the results of the discussion recorded before the dual relationship is either proceeded with or terminated.

2.11.4. Under no circumstances should a sexual relationship be formed with a client. Social contact with clients should be avoided. If contact occurs outside of therapy by chance, including if a client makes contact with you via a public professional social media account, a record should be made in the client's notes.

2.11.5. Dramatherapists ensure that they do not use their professional relationships with clients to satisfy their own emotional needs and ensure that their professional judgements are not compromised by any personal or professional needs. For example:

- prolonging therapy to provide income for Dramatherapists in private practice;
- a need to reach targets or obtain good outcome measures;
- any situations where a possible conflict of interest could arise or constitute a dual relationship should be discussed with an appropriate person: a manager, clinical supervisor or an advisor from a professional insurance company.

2.11.6. Dramatherapists providing therapy for trainee Dramatherapists should not have contact with the trainee in any other role. It is acknowledged that the Dramatherapist and trainee client may come into contact with each other during professional events. This area should be discussed during the contracting period.

3. PROFESSIONAL CONDUCT

3.1. Dramatherapists must act with the highest professional standards at all time.

3.2. Dramatherapists must, at all times, maintain responsibility for deciding on the suitability of referrals for Dramatherapeutic interventions, whatever the source of referrals. Dramatherapists should seek advice from supervisors where necessary.

3.3. Freelance Dramatherapists and others not working as part of a therapy team should ensure they establish a clear working relationship with any other professionals involved in their care. Client consent must be obtained.

3.4. Dramatherapists must 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.

3.5. Dramatherapists must not work while under the influence of alcohol or other substances, or if their physical or mental state could affect their judgement and perceptions.

3.6. Dramatherapists must seek appropriate professional help for any personal problems or conflicts that could affect their judgement or performance.

3.7. Dramatherapists must not use information received in their relationships with clients for personal gain.

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

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

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

3.11. Dramatherapists must not distort, misrepresent or misuse their clinical, practice based evidence or research findings.

3.12. Dramatherapists must 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.

3.13. 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.

3.14. Dramatherapists are aware of and comply with the current *Human Rights Act 1998*, and are conversant with any other legislation relevant to their area of work.

3.15. 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 1998.*

3.16. Dramatherapists should follow the HCPC's *Guidance on social media 2017.* Personal use of social media accounts should be carefully considered to avoid online social contact with clients and all personal accounts should be private. Where appropriate have disclaimers indicating that any views expressed are your own and not linked to BADth.

3.17. BADth recommends that Newly Qualified Dramatherapists do not set up a private practice until they have substantial Dramatherapy experience, their clinical supervisor thinks that they are ready and in a position to do so and that the work is supervised and well supported.

4. WORKING CONDITIONS

4.1. The working environment must comply with health and safety standards. The Dramatherapist should endeavour for the space to be adequately soundproofed and provide a level of privacy compatible with a confidential therapy relationship. Where appropriate, the recommended size of a room for individual therapy is 11m2 and a room of 14-20m2 for a group of up to 8 participants. The room should have non-slip flooring.

5. RECORD KEEPING AND INFORMATION GOVERNANCE

5.1. Record Keeping

5.1.1. 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, and other digital communication;
- digital records including USB sticks, microchips, SD cards etc;
- computerised records.

5.1.2. Dramatherapists must ensure a high standard of record keeping.

5.1.3. All records should be completed promptly. If you are using paper-based records, they must be clearly written and easy to read, and you should write, sign and date all entries. BADth recommends word processed notes for clarity.

5.1.4. Dramatherapists have a duty to make sure, as far as possible, that records completed by colleagues/students under your supervision are clearly recorded, accurate and appropriate.

5.1.5. Whenever you review records, you should update them and include a record of any arrangements you have made for the continuing care of the client.

5.1.6. Protect information in records from being lost, damaged, accessed by someone without appropriate authority, or tampered with.

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

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

5.1.9. All client contact should be recorded, including unplanned contact not in the therapy space and contact made via public social media mediums.

5.1.10. All artefacts or written material created by the client during the course of therapy must be treated as confidential and stored in a secure container between sessions. All artefacts are the property of the client and they may choose to keep or confidentially destroy some items at the end of the therapy. If the Dramatherapist keeps the artefacts then it should be agreed with the client how long the Dramatherapist is keeping them. These choices must be recorded in the Dramatherapist's notes.

5.1.11. A clear and accurate 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;
- litigation or misconduct.

5.1.12. The *Access to Health Records Act 1990* gives clients the right to access manual health records made after the 1st November 1991.

5.2. Information Governance

5.2.1. Data Protection legislation and regulations gives clients access to computer held records. It also regulates the storage and processing of client information. For further information please see *BADth: Data Privacy and Protection - Guidance for Dramatherapists* in the BADth Guidelines on the BADth website.

5.2.2. In some cases, information can be withheld from a client. Further information can be found in *Access to Health Records Act 1990.*

5.2.3. 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.

5.2.4. 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. However, if the young person was 17 at conclusion of treatment, notes need to be kept until the client's 26th birthday. If contact resumed after therapy closed, notes need to be kept for 8 years after the last entry of client contact in their record. If client death occurred before their 18th birthday, notes need to be kept for 8 years after death.

5.2.5. Notes and artefacts must only be destroyed in accordance with guidelines and then in confidential conditions.

5.2.6. All systems for record keeping and recording client work (including IT, paper and mobile devices) must preserve security and confidentiality. This includes:

- password protected e-mails, documents/online files and computers;
- encrypted USB memory sticks and not storing client notes on computer hard drives;
- Client anonymity must be preserved in all records;
- keeping anti-virus software up to date and maintaining firewalls;
- written records being must be kept locked away securely;
- inserting a disclaimer at the end of an e-mail signature, for example:

  '*This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please advise the sender of this e-mail if it has been sent to you in error.'*

5.2.7. 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 in the case of death. BADth Guidelines *on Legal requirements for client notes in the event of the death of the therapist* are available.

5.2.8. If Dramatherapists hold any personally identifiable information regarding their clients or others related to their practice they are required to register with the Information Commissioner's Office (ICO) as a data controller. The ICO is the supervisory authority and regulatory body for data protection.

5.2.9. Legislative provision including the *Data Protection Act 2018* which implements the *GDPR 2018* requires every data controller to register with the Office of the Information Commissioner.

5.2.10. Information can be found on the *ICO website.*

5.3. Research governance

5.3.1. As stipulated by the employing institution, e.g. University and/or NHS Trust, research governance is a part of Clinical Governance and as such, the same ethical principles, protocols and processes will apply to all research Arts Therapists.

5.3.2. Dramatherapists who conduct research must respect the dignity and protect the welfare of participants in research.

5.3.3. Dramatherapists who conduct research must abide by the laws, regulations, ethics and professional standards governing the conduct of research and publication appropriate to their circumstances and as laid out by their academic organisations or employers.

5.3.4. Information obtained by a student/clinician about a research participant during the course of an investigation must be held or stored confidentially and any personally identifying information should be anonymised before submission or publication of findings.

5.3.5. Clients must not be offered any privileges for agreeing to participate in research or publication or other presentation of their case material.

DISCLAIMER

- This code of practice is not a definitive statement of UK or Scottish Law; it is updated periodically and when major changes occur. It is not and cannot be regarded as legal advice.
- 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 and regulations of the country in which they practise.
- Individuals or organisations who wish to raise a concern about a Dramatherapist in relation to these guidelines, must do so through the HCPC regulatory body.