

Ethical basis for good practice in Play Therapy

The British Association of Play Therapists has a duty to afford the highest possible standards of protection to the public and to promote the best standards of personal and professional conduct within the Play Therapy profession.

The Ethical Basis for Good Practice in Play Therapy contains advice and guidance to Members of the British Association of Play Therapists and the general public on ethical principles, standards of competence, good practice and procedures for complaints.

The Ethical Basis for Good Practice in Play Therapy replaces all earlier codes of ethics and practice and complaints procedures for Play Therapists and is applicable to all those using Play Therapy or Play Therapy related services.

Within this document, the term 'Play Therapist' is generally used to refer to anyone undertaking the role of a Play Therapist, Trainee Play Therapist, Supervisor, Trainer, Researcher or Manager of Play Therapy or related services. The term 'client' is used as a term to refer to any person who receives Play Therapy or related service(s) from a member of the British Association of Play Therapists.

The Ethical Basis for Good Practice in Play Therapy is not a static set of rules and regulations covering every aspect of behaviour. The practice of Play Therapy requires the acceptance of responsibility and the exercise of professional judgement. This document has been produced to guide Play Therapists towards achieving the highest standards of practice and will be used to inform the British Association of Play Therapists Professional Conduct Procedure.

This document contains:

Ethical Principles

Code of Good Practice in Play Therapy

And should be read alongside the following documents:

Core Competencies of a Play Therapist

BAPT Professional Conduct Procedure

BAPT Ethical Principles

The establishment of dynamic Ethical Principles for Play Therapists' work related conduct requires both a personal commitment and acceptance of responsibility to act ethically and to encourage ethical behaviour by students, supervisors, supervisees, employees, colleagues and associates. These Ethical Principles are intended to guide and inspire Play Therapists towards achieving the highest ideals of the profession. Ethical Principles, as opposed to Standards or Codes, do not represent obligations in their own right. However, all Play Therapists are obliged to consider their practice with direct reference to each of these Ethical Principles.

PRINCIPLE A: RESPONSIBILITY

These Principles are aspirational but are considered good, ethical practice for a Play Therapist. Play Therapists need to be motivated, concerned and directed towards good ethical practice. They are required to take responsibility to maintain these standards and Play Therapists should always accept responsibility for their professional behaviour and actions. Play Therapists are concerned about the ethical compliance of their own practice and their colleagues' professional conduct. When ethical conflicts occur, Play Therapists attempt to resolve these conflicts in a responsible manner. Play Therapists are also aware of their professional responsibilities towards their clients, society and to the communities in which they work.

PRINCIPLE B: BENEFICENCE

Play Therapists strive to benefit those with whom they work, acting in their best interests and always working within their limits of competence, training, experience and supervision. This principle involves an obligation to use regular and on-going supervision to enhance the quality of service provision and to commit to enhancing practice by continuing professional development. An obligation of the Play Therapist is to act in the best interests of clients and this is the paramount consideration for Play Therapists since clients are generally non-autonomous and dependent on significant others. Ensuring that the client's best interests are met requires monitoring of practice and outcomes and accordingly BAPT has set down standards for supervision which all members of BAPT should follow.

PRINCIPLE C: NON-MALEFICENCE

Play Therapists are committed to not harming those with whom they work. Because Play Therapists professional judgements and actions may affect the lives of others, they are aware, concerned and committed to guard against personal, financial, social, organisational, emotional, sexual or political factors that may lead to a misuse of their influence or exploitation of those with whom they work. This may involve not providing services when unfit to do so due to personal impairment, including illness, personal circumstances or intoxication. Play Therapists have a responsibility to challenge the incompetence or malpractice of others and to contribute in investigations or adjudications concerning the professional practice and/or actions of others.

PRINCIPLE D: FIDELITY

Play Therapists establish relationships of trust with those with whom they work. Play Therapists honour and act in accordance with the trust placed in them. This principle obliges Play Therapists to maintain confidentiality and restrict disclosures of confidential information to a standard appropriate to their workplace and legal requirements.

PRINCIPLE E: JUSTICE

Play Therapists recognise that fairness and justice is an entitlement for all persons. This obliges Play Therapists to ensure that all persons have fair and equal access to and benefit from the contributions of Play Therapy and to equal quality in the services being conducted and offered by Play Therapists. Play Therapists exercise judgement and care to ensure that their potential biases, levels of competence and limitations of their training and experience do not directly or indirectly lead to unjust practices.

PRINCIPLE F: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Play Therapists respect the dignity and worth of all people and the rights to privacy, confidentiality and autonomy. Play Therapists who respect the autonomy of those with whom they work ensure accuracy of advertising and delineation of service information. Play Therapists seek freely the informed consent of those legally responsible for clients and, where possible, assent from clients, engage in clear and explicit contracts, including confidentiality requirements and inform those involved of any foreseeable conflicts of interest. Play Therapists are aware that special safeguards may be necessary to protect the rights and welfare of clients who are non-autonomous and dependent on significant others.

PRINCIPLE G: RESPECT FOR PEOPLE'S NEEDS AND RELATIONSHIPS

Play Therapists respect the needs of individuals, including emotional, psychological, social, financial, educational, health and familial needs. Play Therapists who respect people's needs and relationships are aware that clients may be dependent upon significant others and that autonomous decision making may not be possible. Play Therapists respect the client's relationships and ensure that, where possible, those in significant relationships to the client are included in the decision making processes.

PRINCIPLE H: SELF RESPECT

Play Therapists apply all of these principles to themselves. This involves a respect for the Play Therapist's own knowledge, needs and development. This includes accessing opportunities for personal and professional development. There is a responsibility to use supervision for development and to seek training for continuing professional development (see BAPT's Continuing Professional Development documents). Ensuring Play Therapists are appropriately safeguarded by insurance is also a requirement for this principle.

Competent Practice

The effective deployment of skills and knowledge in Play Therapy are of the up-most importance to clients, families, the public and the profession. Play Therapists must ensure that their practice is based on clear and coherent competence. The core competencies of Play Therapists are defined as a set of professional and personal qualities that are a prerequisite of good practice.

BAPT Core Competencies of a Play Therapist

Standard	Competence
KNOWLEDGE & UNDERSTANDING	
1 Knowledge of theories of child development	Understand some of the key theories of healthy child development processes within the context of familial and social diversity; and be able to discuss these in relation to observed behaviour:
2 Knowledge of developmental psycho-pathology	Understand the clinical needs of specific groups of children affected by disrupted development; drawing on theories of attachment, mental health, social and emotional wellbeing, disability and trauma. Understand the emergence of psycho-pathology within human development:
3 Knowledge of ecological, systems and social constructionist theories of society	Understand how the wider systems of family, community, culture and social /government policy impact on children, young people and families and be able to integrate systems thinking and analysis into therapeutic practice with individuals
4 Knowledge of theory and practice of play therapy	Understand the theory and practice of play therapy, including the humanistic child-centred approach. Understand models of the change process in a play therapy intervention
5 Knowledge of different models of play therapy, including integrative approaches	Understand and integrate different models of play therapy including directive, non-directive and developmental approaches.
6 Knowledge of theories of play development and of the functions of play	Understand theories of normal and abnormal play development, the role of play and the use of play as a therapeutic metaphor
7 Knowledge and practice of working with parents/carers	To have the ability to articulate /translate Play Therapy practice /process and if appropriate to engage with the child's parents /carers in therapeutic process via Filial Therapy or other recognised treatment models.
8 Knowledge of the legislation and policy context for play therapy	Understand current legislation and policy relating to the practice of play therapy in the context of health, education and social care in the UK, both public and private sectors, including child protection and safeguarding
9 Knowledge of theories of anti-discriminatory practice in play therapy	Understand principles of anti-discriminatory practice in relation to children, young people and their families within the context of a diverse society

<p>10 Knowledge of contemporary research and practice</p>	<p>Demonstrate knowledge and understanding of contemporary practice and research in play therapy.</p> <p>Understand evidence-based practice principles</p>
<p>PERSONAL DEVELOPMENT</p>	
<p>11 Possession of the essential personal qualities for a play therapist</p>	<p>Demonstrate identified personal qualities of a play therapy practitioner to promote public protection and ethical practice (see Personal Qualities of a play therapist)</p>
<p>12 Application of ethics and values in practice</p>	<p>Understand ethical practice relating to play therapy to ensure protection of children, young people and families and the public - as detailed in Ethical Basis for Good Practice in Play Therapy 4th Edition Conform to the required standards for clinical governance laid out by BAPT</p>
<p>13 Maintenance and effective use of clinical supervision</p>	<p>Use clinical supervision to promote and ensure ethical play therapy practice and the protection of the public Use clinical and/ or managerial supervision to review and consider own strengths and limitations; operate and practice efficiently within own levels of competence and within limitations of role. Comply with BAPT's recommended guidelines for clinical supervision</p>
<p>14 Utilisation of personal therapy and support for development</p>	<p>Integrate personal therapy and developmental support in an appropriate and effective manner; Demonstrate ability to be self-reflective and to integrate learning into therapeutic practice to ensure effective and ethical standards of practice and promote public safety</p>
<p>15 Maintenance of continuing professional development</p>	<p>Maintain Continuing Professional Development in accordance with BAPT requirements, for promotion of high standards of play therapy practice.</p>
<p>16 Maintenance of basic skills in independent business practices</p>	<p>Demonstrate and maintain skills needed to manage their own independent business, including effective financial management, compliance with regulations for self-employment, management of personal data, procedures and policies to ensure public protection, health and safety etc.</p>
<p>PRACTICE SKILLS</p>	
<p>17 Engagement and facilitation of a therapeutic relationship</p>	<p>Demonstrate effective engagement and facilitation of the therapeutic relationship with clients and significant others,</p>
<p>18 Assessment of need</p>	<p>Understand and be able to undertake assessment of the emotional, psychological and social needs of clients; and to formulate appropriate therapeutic objectives</p>

19 Planning and contracting for play therapy practice	Formulate clear, meaningful and appropriate therapeutic contracts, including therapeutic aims, objectives, boundaries and rules.
20 Intervention and provision of direct therapeutic service	Intervene and provide play therapy to achieve identified therapeutic objectives; monitor and evaluate the effectiveness of play therapy interventions and adapt skills and techniques to a diverse range of children, young people and families
21 Provision of well-planned therapeutic endings	Provide planned and coherent opportunities to enable work with clients to end in a therapeutic manner
22 Maintenance of rules and boundaries within play therapy practice	Maintain clear professional, personal and therapeutic boundaries
23 Maintenance of confidentiality and privacy	Maintain the confidentiality and privacy required by clients and significant others; meeting both legal and ethical standards, including Data Protection requirements. Recognise the limitations of confidentiality in relation to safeguarding children and vulnerable adults
24 Clinical record-keeping and writing skills	Accurately record play therapy interventions, working within the requirements of Data Protection legislation; Communicate effectively in writing through clinical records, written assessments and reports of therapeutic progress
25 Effective work with different client groups	Work in an effective anti-discriminatory way with a diverse range of children, young people and families, considering the individual's identity and cultural needs
26 Communication skills	Communicate effectively, through non-verbal and verbal expression, with clients and significant others. Use a range of therapeutic person-centred skills, including active listening, empathic responding, questioning, paraphrasing, tracking, reflection and summarising.
27 Inter - personal communication through use of creative media	Demonstrate and facilitate a range of verbal, non-verbal and symbolic communication using a variety of play and creative media with children, young people and families
28 Maintenance of effective inter-professional relationships	Collaborate and communicate with other professionals; demonstrate effective inter-professional working for the benefit of children, young people and families Work within agency policies and procedures and work effectively as part of a team around the child, young person and family.

<p>29 Develop and manage a play room/ play therapy environment</p>	<p>Take responsibility for the development and safe management of the play therapy environment/ play room, in line with Health & Safety standards. This includes selection and maintenance of play materials, risk assessment of the environment and taking appropriate steps to ensure continuing safety; ensuring privacy during sessions, preserving confidentiality in use and storage of therapeutic materials produced in sessions.</p>
<p>30 Effective work in different settings</p>	<p>Contribute effectively to the work of organisations, demonstrate understanding of agency functions and priorities.</p> <p>Consider the dilemmas of integrating play therapy practice within organisational contexts.</p> <p>Work independently, set priorities, plan and manage own workload and organisational tasks efficiently</p>
<p>31 Application of evidence based research to play therapy practice</p>	<p>Identify and critically evaluate relevant current research evidence and integrate into play therapy practice.</p> <p>Demonstrate that play therapy practice is informed by contemporary evidence based research.</p> <p>Demonstrate an understanding of research methods and the application of research methods within clinical contexts.</p> <p>Application of evidence based approaches in the evaluation of Play Therapy outcomes and effectiveness to assure quality of service delivery and enhance the evidence base for Play Therapy</p>

Personal Qualities of a Play Therapist

Empathy - To empathise with the emotional and psychological expressions, experiences and needs of clients and significant others

Sincerity - Commitment to being sincere and genuine to self and others

Honesty - To act truthfully and with integrity towards self and others

Respect - To acknowledge and show acceptance towards other people's understanding, experiences and abilities

Ethical - To work within and maintain the ethical code and values defined by the British Association of Play therapists;

Informed by evidence based knowledge - To be able to apply knowledge, evidence and experience critically

Self - Awareness - To assess, review and consider own competencies, strengths and weaknesses as a Play Therapist

Self Responsibility - To operate and practise efficiently within own level of competencies

Congruence - To be authentic and genuine in conduct with clients and significant others

Compassion - To be emotionally warm, caring and concerned towards others

Critical Reflection - To critically reflect upon the emotional, social and psychological world of clients, significant others and the Self and to integrate reflection into practice

Commitment to professional development - To continue professional development as a play therapist in a responsible and effective manner

Commitment to personal development - To be reflexive, to integrate personal insights into future practice, to continue personal development in a responsible and effective manner

CODE OF GOOD PRACTICE IN PLAY THERAPY

All people are entitled to good standards of practice and care from Play Therapists in delivering their services. Good standards of practice and care require a commitment and adherence to the Ethical Principles and Code of Good Practice.

1. STARTING TO PRACTISE

1.1 Registration - Play Therapists do not practise Play Therapy or related services in a name other than that which appears in the British Association of Play Therapists Register.

1.2 Professional Indemnity - Play Therapists who intend to offer services to the public must be indemnified against claims of professional negligence.

1.3 Continuing Professional Development - Play Therapists are required to keep up to date with current methods, research and knowledge around Play Therapy and related subjects. The recording of all continuing professional development activity is the responsibility of the individual Play Therapist. A CPD logbook is provided by BAPT in which to complete such records. Play Therapists who fail to maintain and update professional knowledge and skills or whose practice falls short of the standards expected by the public and profession may not be entitled to renew their Full membership. They may also be liable to a charge of professional misconduct.

1.4 Supervision - All Play Therapists, including Supervisors, are required to receive on-going, appropriate, formal and regular supervision independently of their managerial relationships. Supervisors have a responsibility to maintain the good practice of Supervisees and to protect clients from harm and bad practice. Supervision must be provided by an appropriately qualified and experienced Play Therapist, especially for all newly trained Play Therapists and ideally for all Play Therapists. Only in exceptional circumstances, when no such Play Therapist exists in the geographical region, may supervision be provided by an appropriately qualified and experienced Child Therapist. Supervision must involve face to face contact, except in circumstances where physical distance between the Play Therapist and an available Supervisor precludes such contact. Play Therapists must receive supervision adequate to maintaining their level of competency, functioning and good practice.

2. WHAT THE PUBLIC EXPECTS

2.1 Personal Conduct

Play Therapists adhere to the appropriate standards of personal and professional conduct. Any behaviour or activity by a Play Therapist that may bring the profession into disrepute or undermine public confidence in the profession may lead to a charge of professional misconduct.

2.2 Avoidance of False or Deceptive Statements

Play Therapists do not make false or deceptive statements concerning:

1. Their qualifications, training or experience.
2. Their credentials.
3. Their professional affiliations.
4. Their services.
5. Their fees.
6. Their publication of research findings.
7. The evidence for, or results of, their services.

2.3 Protecting the Public

Play Therapists must act to protect members of the public when there is reason to believe that those members of the public are threatened by a colleague's conduct, performance or health.

3. WHAT THE CLIENT EXPECTS

3.1 Acting in the Best Interests of Clients - Play Therapists act in the best interests of those with whom they work. Play Therapists have a responsibility to put the interests of clients as paramount.

3.2 Making Referrals - Play Therapists accept a duty of care towards their clients. This includes making referrals for further professional advice, care or treatment when the needs of the client are beyond the limits of their competence or level of functioning.

3.3 Maintaining Confidentiality - Play Therapists maintain, uphold and take reasonable precautions to protect the confidentiality rights of clients.

3.4 Providing Information of the Limits of Confidentiality - Play Therapists discuss with clients and the person holding legal responsibility for the client the limitations on confidentiality and the foreseeable uses of the information generated. Discussions of Confidentiality occur prior to starting Play Therapy, unless it is not feasible or possible and then occurs as soon as is possible.

3.5 Disclosures and Consent - Play Therapists only disclose information without the consent of the client and person holding legal responsibility for the client for a valid purpose such as to:

1. Refer to needed professional services.
2. Obtain appropriate professional advice.
3. Protect the client, Play Therapist or others from harm.

3.6 Use of Confidential Information for Other Purposes - Play Therapists do not disclose in their writings, lectures or other public situations, confidential, sensitive personal information or identifiable information concerning their clients or client's family members unless:

1. Reasonable steps are taken to disguise the client's identity
2. The client has assented and the person holding legal responsibility for the client has given consent
3. There is an ethical or legal requirement to do so.

3.7 Service Information - Play Therapists provide accurate and honest information relating to their services that maintains the good reputation of the profession. Play Therapists clarify the terms and details of their services in advance of the client entering into any financial obligations or other costs or liabilities.

3.8 Arrangement for Fees and Costs - Agreements regarding fees, costs, billing, payment and compensation occur prior to starting services. Play Therapists fees and costs are consistent with consumer and related laws. Play Therapists do not misrepresent or manipulate their fees and costs. Limitations to services that may occur due to limitations in financing are discussed as early as is feasible.

3.9 Informed Consent - When Play Therapists provide Play Therapy or other related services, they obtain informed consent of the client or if legally incapable, the person holding legal responsibility for the client using language that is reasonably understandable to that person. The specific content of informed consent will depend on many circumstances, but requires that the person has:

1. The capacity to make a voluntary choice between alternatives, where these are available
2. The understanding of the boundaries, rules, aims, costs, benefits and drawbacks of services and any available alternatives
3. Given their voluntary and continuing permission for their involvement
4. Had the opportunity to ask questions and receive answers regarding the services. For clients who are legally incapable of giving informed consent, Play Therapists nevertheless seek:
 1. The client's assent
 2. To provide an appropriate explanation, including the boundaries, rules, aims benefits and drawbacks

3. To consider the client's preferences and best interests.
4. To protect the client's welfare, dignity and rights
5. To provide an opportunity to ask questions and receive answers regarding the services. When Play Therapy services are court ordered, Play Therapists inform the client, and if appropriate the person holding legal responsibility for the client, of the nature of the services and any limits of confidentiality before proceeding.

Play Therapists document written and oral consent, permission and assent. When the Therapist is a trainee, the client and the person holding legal responsibility for the client are informed that the Therapist is in training.

3.10 Treating Difficult Clients - Play Therapists do not accept intimidation or abuse from those with whom they work. When faced with a client who is putting themselves or others at risk, Play Therapists consider ending the session, making an appropriate explanation to the client and the person holding legal responsibility for the client and arranging future appointments for the client.

3.11 Extended Absence

Play Therapists who are absent for an extended period make arrangements to notify clients and for clients to receive appropriate care.

3.12 Informal Complaints

Play Therapists make every effort to resolve complaints at an informal level.

4. WHAT THE PROFESSION EXPECTS

4.1 Conflicts between Code of Conduct and Law

If Play Therapists' ethical responsibilities conflict with law, Play Therapists will take steps to resolve the conflict. If the conflict is unresolvable, Play Therapists may adhere to the requirements of the law.

4.2 Conflicts between Code of Conduct and Organisations and Employers

If the demands of an organisation, employer or authority that the Play Therapist is associated with conflicts with this Code of Good Practice, Play Therapists attempt to resolve the conflict in a way that permits adherence to the Code of Good Practice.

4.3 Informal Resolution

Play Therapists who believe that there has been an ethical violation by another Play Therapist will attempt to first resolve the issue informally, unless the violation is such that it needs immediate referral to the professional association (BAPT) and the person holding legal responsibility for the client.

4.4 Reporting Ethical Violations

If informal resolution is unsuccessful and/or the apparent ethical violation has harmed or is likely to harm a person, Play Therapists take further action appropriate to that situation. This action will include a formal Complaint to the British Association of Play Therapists and may also include referral to other appropriate Associations and Authorities.

4.5 Co-operating with Complaints Procedures

Play Therapists co-operate with Complaints Procedures and resulting actions of the BAPT, including co-operating with any sanctions imposed by the Complaints Committee. Failure to cooperate is in itself a violation of this Code of Good Practice.

4.6 Inappropriate Complaints

Play Therapists do not issue, report or encourage the issuing or reporting of Complaints that are made with reckless disregard for or blatant ignorance of facts that would disprove the allegation(s).

4.7 Levels of Competence

Play Therapists provide Play Therapy, Supervision, Teaching and conduct Research with client groups and in areas only within the level of their competence, based on their training, practice experience and supervisory experience. Play Therapists intending to provide Play Therapy, Supervision, Teaching and conduct Research with client groups that are new to them, undertake relevant training, supervision and consultation.

4.8 Maintaining Competence

Play Therapists undertake efforts to maintain their competence at an appropriate level.

4.9 Limits of Competence

Play Therapists refuse to provide Play Therapy, Supervision and undertake research with client groups or areas that are beyond the limits of their competence. Play Therapists will ensure that an appropriate referral is made in such circumstances

4.10 Personal Issues and Circumstances

Play Therapists refrain from practice when there is likelihood that their personal issues and circumstances will prevent them from performing their practice at an appropriate level of competence. When Play Therapists become aware that their own personal issues, levels of functioning or circumstances may prevent them from performing their practice at an appropriate level of competence, they seek guidance and advice to determine whether they should limit, suspend or terminate their practice.

4.11 Unfair Discrimination

Play Therapists do not engage in any form of unfair discrimination.

4.12 Sexual Harassment

Play Therapists do not engage in any form of sexual harassment.

4.13 Other Harassment

Play Therapists do not harass or demean persons with whom they work

4.14 Avoiding Harm

Play Therapists take reasonable steps to avoid harming those with whom they work.

4.15 Conflicts of Interest

Play Therapists refrain from working or engaging with persons when personal, legal, financial or other interests may reduce their ability to perform at an appropriately competent level.

4.16 Multiple Relationships

Play Therapists do not enter into multiple relationships with their clients. Play Therapists ensure that they do not enter into any role other than that of the Play Therapist with the client. Play Therapists ensure that there is no planned contact outside of the therapeutic relationship with the client. Play Therapists ensure that their role is clearly delineated from any other roles or responsibilities within their employing institution, practice or service provision.

4.17 Exploitation

Play Therapists do not exploit persons over whom they have authority or control; such as clients, those in close relationships to the client, supervisees, students, research participants and employees.

4.18 Working with other Professionals

When appropriate, Play Therapists work and cooperate with other professionals in order to meet the client's needs and best interests.

4.19 Interruption of Play Therapy

Play Therapists make reasonable efforts to plan for circumstances when interruption of Play Therapy is inevitable.

4.20 Sexual Intimacies with Clients, Clients' Relatives and Significant Others

Play Therapists do not engage in sexual contact or intimacies with current or former clients. Play Therapists do not engage in sexual intimacies with individuals they know to be the parents, carers, spouses, significant others or siblings of current or former clients. Play Therapists do not terminate Play Therapy to circumvent this standard.

4.21 Recording

Play Therapists obtain informed consent from the person holding legal responsibility for the client and assent from the client prior to recording the voice and/or image of clients. Prior to requesting informed consent and assent, Play Therapists provide information that includes:

1. Rights of refusal.
2. Reasons and use for intended recording.
3. Planned storage of recording.
4. Ownership of recording.
5. Planned copies/transcriptions of recordings.
6. Planned destruction or storage of recordings, copies and transcriptions.
7. Rights to access the recording, copies or transcripts. All recordings, copies and/or transcriptions not destroyed are stored in the client's case notes.

Play Therapists conform to relevant laws and institutional regulations when recording, storing or destroying the voice or image of clients. Play Therapists do not put pressure on or coerce those with whom they work to gain consent or assent for recordings. Play Therapists only record the voice or image of clients when required for training or institutional purposes. Play Therapists do not photograph, videotape, film or record the image or voice of clients for advertising or personal use.

4.22 Testimonials

Play Therapists do not request or solicit testimonials from current clients or client's family members who because of their circumstances are vulnerable to undue influence.

4.23 Documentation and Maintenance of Records Play Therapists create, maintain, store and dispose of records and data relating to their clients in order to:

1. Facilitate provision of services later by them or by other professionals.
2. Meet institutional requirements.
3. Ensure compliance with law.

Play Therapists maintain confidentiality in creating, storing, accessing and disposing of records under their control.

5. RESEARCH

5.1 Ethical Approval

Research must be approved by an appropriate Ethics Committee prior to the Research commencing. Play Therapists obtain ethical approval from Ethics Committees from the institution(s) in which the research will be conducted. Play Therapists conduct research in accordance with the approved research protocols stipulated within the Ethics Committee application. No part of the research may be amended without prior approval from the Ethics Committee.

5.2 Informed Consent

Play Therapists do not put pressure on or coerce clients to participate in research.

When Play Therapists undertake research that involves participants, they obtain informed consent of the participant or if legally incapable, the person holding legal responsibility for the participant using language that is reasonably understandable to that person. The specific content of informed consent will depend on many circumstances, but ordinarily requires that the person has:

1. The capacity to make a voluntary choice.

2. The understanding of the research aims, objectives, methods and procedures.
3. Given their voluntary and continuing permission for their involvement.
4. Had the opportunity to ask questions and receive answers regarding the research.

For participants who are legally incapable of giving informed consent, Play Therapists nevertheless seek:

1. The client's assent.
2. To provide, in an appropriate and accessible form, information relating to research aims, objectives, methods and procedures.
3. To consider the client's preferences and best interests.
4. To protect the clients welfare, dignity and rights.
5. To provide an opportunity to ask questions and receive answers regarding the research.

5.3 Refusal to participate in Research

When Play Therapists conduct research with former or current clients, they take steps to protect the prospective participants from adverse consequences of declining or withdrawing from the research. Play Therapists ensure that withdrawal or refusal to participate in research does not affect the Play Therapy services offered.

5.4 Reporting Research Results

Play Therapists do not fabricate data. If Play Therapists discover significant errors in their published data, they take reasonable steps to correct such errors.

6. EDUCATION AND TRAINING

6.1 Content of Training

Play Therapists responsible for education and training take reasonable steps to ensure that the courses are designed to provide the appropriate knowledge and proper experiences to meet the requirements of accreditation and Full Membership of the British Association of Play Therapists.

6.2 Description of Training

Play Therapists responsible for education and training take reasonable steps to ensure that there is a current and accurate description of the course content, training goals and objectives, and requirements that must be met for satisfactory completion of the course. This information should be made available to any interested party

6.3 Personal Therapy

When individual or group therapy is a training requirement, Teaching Staff allow students the option of selecting such therapy outside the University. Teaching Staff, including Supervisors, who are or are likely to be responsible for evaluating students' academic performance do not provide that personal therapy.

6.4 Assessment

In academic and supervisory relationships, Play Therapists establish a clear and specific process for providing feedback to students. Information regarding this process is provided to the student at the beginning of the training and supervision.

6.5 Sexual Relationships with Students and Supervisees

Play Therapists do not engage in sexual relationships with students or supervisees who are in their department, agency or University.

BAPT Professional Conduct Policy (Separate document)