

BAPT Ethical Basis for Good Practice in Play Therapy

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 in nature, 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

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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.

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 membership lists.

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.

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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, except where no such Play Therapist exists in the geographical region. In such circumstances, the Play Therapist must receive supervision from an appropriately qualified and experienced Therapist or equivalent. This Supervisor should be subject to either statutory regulation through the Health and Care and Professionals Council (HCPC), or voluntary regulation through the Professional Standards Authority (PSA).

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. (See also BAPT Supervision Policy and BAPT Guidance for Clinical Supervisors).

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.

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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 they 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.

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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
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

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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 co-operate 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 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 co-operate with other professionals in order to meet the client's needs and best interests.

4.19 Interruption of Play Therapy

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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 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 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 client's welfare, dignity and rights.
5. To provide an opportunity to ask questions and receive answers regarding the research.

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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 validation 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.

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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.



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