



ETHICAL PRINCIPLES FOR ART THERAPISTS
AMERICAN ART THERAPY ASSOCIATION, Inc.
Effective Date: REVISED Dec, 2013

INTRODUCTION

AMERICAN ART THERAPY ASSOCIATION MISSION STATEMENT

The American Art Therapy Association, Inc., is a not-for-profit, professional and educational organization dedicated to the growth and development of the art therapy profession. Its mission is to advocate for expansion of access to professional art therapists and lead the nation in the advancement of art therapy as a regulated mental health and human services profession.

PREAMBLE

The goals of the *Ethical Principles for Art Therapists* are to safeguard the welfare of the individuals, families, groups and communities with whom art therapists work and to promote the education of members, students, and the public. The principles put forth in this ethics document are intended to address many situations encountered by art therapists. In general, art therapists are guided in their decision-making by core values that affirm basic human rights. These values reflect aspirational ethical principles, which include:

Autonomy: Art therapists respect clients' right to make their own choices regarding life direction, treatment goals, and options. Art therapists assist clients by helping them to make informed choices, which further their life goals and affirm others rights to autonomy, as well.

Nonmaleficence: Art therapists strive to conduct themselves and their practice in such a way as to cause no harm to individuals, families, groups and communities.

Beneficence: Art therapists promote wellbeing by helping individuals, families, groups and communities to improve their circumstances. Art therapists enhance welfare by identifying practices that actively benefit others.

Fidelity: Art therapists accept their role and responsibility to act with integrity towards clients, colleagues and members of their community. Art therapists maintain honesty in their dealings, accuracy in their relationships, faithfulness to their promises and truthfulness in their work.

Justice: Art therapists commit to treating all persons with fairness. Art therapists ensure that clients have equal access to services.

Creativity: Art therapists cultivate imagination for furthering understanding of self, others and the world. Art therapists support creative processes for decision-making and problem solving, as well as, meaning-making and healing.

These *Ethical Principles for Art Therapists* apply to art therapists' professional activities across a wide variety of contexts, such as in person, postal, telephone, and Internet and other electronic transmissions. These activities are distinguished from the private conduct of art therapists, which is not within the purview of this document.

In this ethics document, the term *reasonable* means the prevailing professional judgment of art therapists engaged in similar activities in similar circumstances, given the knowledge the art therapist had or should have had at the time.

The development of a rigorous set of ethical principles for art therapists' work-related behavior requires: a personal commitment and constant effort to act ethically; encouraging ethical behavior by students, supervisees, employees, and colleagues; and consulting with others concerning ethical practice. This ethics document defines and establishes principles of ethical behavior for current and future members of this association and informs credentialing bodies, employers of art therapists, and the general public that the members of the American Art Therapy Association, Inc., are required to adhere to the *Ethical Principles for Art Therapists*. Art therapists are bound to follow all federal, state, and institutional laws and regulations in addition to the *Ethical Principles for Art Therapists*.

ETHICS COMMITTEE STATEMENT OF PURPOSE

The Ethics Committee is the committee charged by the American Art Therapy Association, Inc., to recommend changes to and endorse the *Ethical Principles for Art Therapists*. The Ethics Committee educates the membership of the American Art Therapy Association and the general public, and responds to inquiries regarding issues of ethical practice.

ETHICAL PRINCIPLES FOR ART THERAPISTS

The Board of Directors of the American Art Therapy Association, Inc., hereby promulgates, pursuant to Article XI, Sections 1 and 2 of the Association Bylaws, the *Ethical Principles for Art Therapists*. Members of the Association abide by these principles and by the applicable laws and regulations governing the conduct of art therapists and any additional license or certification that the art therapist holds.

ETHICAL PRINCIPLES FOR ART THERAPISTS
AMERICAN ART THERAPY ASSOCIATION, Inc.

PRINCIPLES

1.0 RESPONSIBILITY TO CLIENTS

Art therapists endeavor to advance the welfare of clients, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used properly.

1.1 Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions.

1.2 In instances when clients lack the capacity to provide informed consent, art therapists protect clients' interests by seeking permission from an appropriate third party. In such instances art therapists seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Art therapists take reasonable steps to enhance such clients' ability to give informed consent consistent with the clients' level of understanding.

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

1.4 Art therapists refrain from entering into multiple relationships with clients if the multiple relationships could reasonably be expected to impair competence or effectiveness of the art therapist to perform his or her functions as an art therapist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships occur when an art therapist is in a professional role with a client and (a) is simultaneously in another role with the same client, (b) is simultaneously in a personal relationship with a client in the professional relationship, and/or (c) promises to enter into another relationship in the future with the client or a person closely associated with or related to the client.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Art therapists recognize their influential position with respect to clients, and they do not exploit the trust and dependency of clients.

1.5 Art therapists refrain from engaging in an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

1.6 Art therapists refrain from taking on a professional role when (a) personal, professional, legal, financial, or other interests and relationships could reasonably be expected to impair their competence or effectiveness in performing their functions as art therapists, or (b) expose the person or organization with whom the professional relationship exists to harm or exploitation.

1.7 Art therapists seek supervision or consultation when feeling discomfort or encountering personal and client problems about which they have questions or about which they are confused or uncertain regarding their ability to understand and/or adequately cope.

1.8 Art therapists strive to provide a safe, functional environment in which to offer art therapy services.

This includes:

- a. proper ventilation;
- b. adequate lighting;
- c. access to water;
- d. knowledge of hazards or toxicity of art materials, and the effort needed to safeguard the health of clients;
- e. storage space for artwork and secured areas for any hazardous materials;
- f. allowance for privacy and confidentiality;
- g. compliance with any other health and safety requirements according to state and federal agencies that regulate comparable businesses.

1.9 Art therapists make information available to clients regarding ethical principles and guidelines, certification and state licensure requirements for practice, and state and federal privacy legislation so that clients are fully aware of their rights.

2.0 CONFIDENTIALITY

Art therapists protect confidential information obtained from clients, through art work and/or conversation, in the context of the professional relationship while clients are in treatment and post-treatment.

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

2.2 Art therapists inform clients of the limitations of confidentiality.

2.3 Art therapists do not disclose confidential information for the purposes of consultation or supervision without clients' explicit consent unless there is reason to believe that those clients or others are in immediate, severe danger to health or life. Any such disclosure must be consistent with laws that pertain to the welfare of clients, their families, and the general public.

2.4 In the event that an art therapist believes it is in the interest of the client to disclose confidential information, he/she seeks and obtains written consent from the client or client's guardian(s) when possible before making any disclosures, unless there is reason to believe that the client or others are in immediate, severe danger to health or life.

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

2.6 When the client is a minor any and all disclosure or consent required is obtained from the parent or legal guardian of the minor client except when otherwise mandated by law.

Care is taken to preserve confidentiality with the minor and to refrain from disclosure of information to the parent or guardian that might negatively affect the minor's treatment.

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

3.0 ASSESSMENT METHODS

Art therapists develop and use assessment methods to better understand and serve the needs of their clients. They use assessment methods only within the context of a defined professional relationship.

3.1 Art therapists who use standardized assessment instruments are familiar with reliability, validity, standardization, error of measurement, and proper application of assessment methods used.

3.2 Art therapists use only those assessment methods in which they have acquired competence through appropriate training and supervised experience.

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

3.4 Art therapists obtain informed consent from clients regarding the nature and purpose of assessment methods to be used. When clients have difficulty understanding the language or procedural directives, art therapists arrange for a qualified interpreter.

3.5 In selecting assessment methods and reporting results, art therapists consider any factors that may influence outcomes, such as culture, race, gender, sexual orientation, age, religion, education, and disability. They take reasonable steps to ensure that others do not misuse the results of their assessments.

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

4.0 CLIENT ARTWORK

Art therapists regard client artwork as a form of protected information and the property of the client. In some practice settings client artwork, or representations of artworks, may be considered a part of the clinical record retained by the therapist and/or agency for a reasonable amount of time consistent with state regulations and sound clinical practice.

4.1 Client artwork may be released to the client during the course of therapy and upon its termination, in accordance with therapeutic objectives and therapeutic benefit.

4.1.a The client is notified in instances when the art therapist and/or the clinical agency retain copies, photographic reproductions or digital images of the artwork in the client file as part of the clinical record.

4.1.b If termination occurs as a result of the death of the client, the original artwork is released to relatives if (a) the client signed a consent specifying to whom and under what circumstances the artwork should be released; (b) the client is a minor or under guardianship and the art therapist determines that the child's artwork does not violate the confidentiality the child entrusted to the art therapist; (c) the art therapist received and documented clear verbal indications from the client that the client wanted part or all of the artwork released to family members; or (d) mandated by a court of law.

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

4.3 Art therapists do not make or permit any public use or reproduction of client art therapy sessions, including dialogue and artwork, without written consent of the clients.

4.4 Art therapists obtain written informed consent from clients or legal guardians (if applicable) before photographing clients' artwork or video-taping, audio recording, otherwise duplicating, or permitting third party observation of art therapy sessions.

4.5 Art therapists obtain written, informed consent from clients or legal guardians (if applicable) before using clinical materials and client artwork in any teaching, writing, and public presentations. Reasonable steps are taken to protect client identity and to disguise any part of the artwork or videotape that reveals client identity.

4.6 Art therapists disclose client artwork to third parties, members of interdisciplinary teams and supervisors with the consent of the client or legal guardians (if applicable).

4.7 Art therapists explain how client artwork will be stored while the client is receiving art therapy services and the duration of retention for the actual artwork, photographs or digital images.

5.0 EXHIBITION OF CLIENT ARTWORK

Exhibiting artwork created in art therapy provides an opportunity for clients to show their artwork to the general public or those in their agencies who would not normally see their artwork. Art therapists affirm that the artwork belongs to the clients, and an exhibition of client artwork has the potential to inform the public and empower the clients, while decreasing stigma and preconceptions. In preparation for an exhibition of client artwork, art therapists and clients or legal guardians (if applicable) weigh the benefits of exhibiting against the potential unintended consequences for the clients.

5.1 Art therapists engage clients who wish to exhibit their artwork in a thoughtful and intentional conversation regarding the rationales, benefits, and consequences of exhibiting artwork created in art therapy.

5.2 Art therapists ensure proper safeguards in exhibition to ensure that clients and their imagery are not exploited, misrepresented, or otherwise used in ways that are not approved by the clients.

5.3 In selecting artwork for exhibition, art therapists help clients make decisions based on several factors, including reason(s) for the display of the artwork, the therapeutic value of the artwork to the clients, the degree of self-disclosure, and the ability to tolerate audience reactions.

5.4 Art therapists discuss the merits and detriments of including artwork created outside of the art therapy session in the exhibition with clients or legal guardians (if applicable).

5.5 Art therapists discuss with clients or legal guardians (if applicable) the importance of confidentiality (e.g., personal history, diagnosis, and other clinical information) and anonymity (e.g., name, gender, age, culture) with regard to the display of clients' artwork. Art therapists respect the rights of clients who wish to be named in exhibits.

5.6 Art therapists obtain written informed consent from clients or, when applicable, parents or legal guardians, in order to exhibit client artwork. Art therapists discuss with clients, parents or legal guardians how the exhibition will be described and advertised to the public and viewing audience to ensure their consent in being associated with the exhibition.

5.7 In the event that exhibited artwork is for sale, the art therapist and client discuss the potential therapeutic impact before a sale of artwork is initiated. Art therapists ensure that clients and responsible parties (if applicable) are aware of and agreeable to how profits are used and who will specifically benefit from them (e.g., clients, agency[ies], social cause[s]).

5.8 Art therapists clearly state where and when exhibitions will take place to ensure that clients understand the range of possible audience members and degree of public exposure.

5.9 With regard to on-line exhibitions, art therapists make clients aware of the widespread availability of images, and therefore the enlarged viewing audience, as well as the potential for their images to be downloaded, forwarded or copied by on-line viewers.

6.0 PROFESSIONAL COMPETENCE AND INTEGRITY

Art therapists maintain high standards of professional competence and integrity.

6.1 Art therapists keep informed of developments in their field through educational activities and clinical experiences.

6.2 Art therapists refrain from using art materials, creative processes, equipment, technology or therapy practices that are beyond their scope of practice, experience, training, and education. Art therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling to provide professional help, or where the problem or treatment indicated is beyond the scope of practice of the art therapist.

6.3 Art therapists diagnose, treat, or advise on problems only in those cases in which they are competent, as determined by their education, training, and experience.

6.4 Art therapists cooperate with other professionals, when indicated and professionally appropriate, in order to serve their clients effectively.

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

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

6.7 Art therapists accurately represent research findings to avoid distortion or misuse.

6.8 Art therapists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact.

7.0 MULTICULTURAL AND DIVERSITY COMPETENCE

Multicultural and Diversity Competence in art therapy refers to the capacity of art therapists to continually acquire cultural and diversity awareness of and knowledge about cultural diversity with regard to self and others, and to successfully apply these skills in practice with clients. Art therapists maintain multicultural and diversity competence to provide treatment interventions and strategies that include awareness of and responsiveness to cultural issues.

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

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

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

7.4 Art therapists obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, gender,

gender identity, sexual orientation, class, age, marital status, political belief, religion, and mental or physical disability.

7.5 Art therapists acquire knowledge and information about the specific cultural group(s) with which they are working and the strengths inherent in those cultural groups. They are sensitive to individual differences that exist within cultural groups and understand that individuals may have varying responses to group norms.

7.6 When working with people from cultures different from their own, art therapists engage in culturally sensitive supervision or education, seek assistance from members of that culture, and make referrals to professionals who are knowledgeable about the cultures when it is in the best interest of the clients to do so.

7.7 Art therapists are guided by the American Art Therapy Association's Art Therapy Multicultural and Diversity Competencies.

8.0 RESPONSIBILITY TO ART THERAPY STUDENTS AND SUPERVISEES

Art therapists instruct students interested in learning about art therapy and art therapy supervisees by using accurate, current, and scholarly information to foster professional growth.

8.1 Art therapists as teachers, supervisors, and researchers maintain high standards of scholarship and present accurate information.

8.2 Art therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Art therapists, therefore, do not engage in a therapeutic relationship with their students or supervisees.

8.3 Art therapists take reasonable steps to ensure that students, employees, or supervisees do not perform or present themselves as competent to perform professional services beyond their education, training, and level of experience.

8.4 Art therapists who act, as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

8.5 Art therapists do not require students or supervisees to disclose personal information in course or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, spouses, or significant others, except when (a) the program or training facility has clearly identified this requirement in its admissions and program materials, or (b) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professional related activities in a competent manner or whose personal problems could reasonably be judged to pose a threat to the students, their clients, or others.

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

9.0 RESPONSIBILITY TO RESEARCH PARTICIPANTS

Art therapy researchers respect the dignity and protect the welfare of participants in research.

9.1 Researchers are guided by laws, regulations, and professional standards governing the conduct of research. When institutional review and approval is required for the conduct of research with human subjects, art therapists provide accurate information about their proposed research, obtain approval from the relevant institutional review board (or equivalent) prior to initiating research activities, and adhere to the institutionally-approved protocol at every stage of the research.

9.2 To the extent that research participants may be compromised by participation in research, art therapist researchers seek the ethical advice of qualified professionals not directly involved in their investigations and observe safeguards to protect the rights of research participants.

9.3 Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers take all reasonable steps necessary to ensure that full and informed consent has been obtained from all participants. Particular attention is paid to the informed consent process with research participants who are also receiving clinical services, have limited understanding and/or communication, or are minors.

9.4 Researchers respect participants' freedom to decline participation in, or to withdraw from, a research study at any time with no negative consequences to their treatment.

9.5 Information obtained about research participants during the course of an investigation is confidential unless there is authorization previously obtained in writing. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

9.6 Artwork created by research participants as a part of a research study belongs to the research participants, unless otherwise specified through the research study informed consent document.

9.7 Art therapy researchers fulfill federal, state and institutional laws and regulations that pertain to the duration and location of retaining raw data. Original artwork and/or digital photographs of participant artwork are de-identified and securely stored. Audio or video recordings are stored according to compliant procedures in a password-protected electronic folder. Any artwork and/or photographs of artwork may be saved indefinitely

for potential use in future research, presentations, publications and related educational forums, as specified in the informed consent document.

10. RESPONSIBILITY TO THE PROFESSION

Art therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of art therapy.

10.1 Art therapists adhere to the ethical principles of the profession when acting as members or employees of organizations.

10.2 Art therapists attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

10.3 Art therapists who author books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.

10.4 Art therapists who author books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

10.5 Art therapists value participation in activities that contribute to a better community and society.

10.6 Art therapists recognize the importance of developing laws and regulations pertaining to the field of art therapy that serve the public interest, and with changing such laws and regulations that are not in the public interest.

10.7 Art therapists cooperate with the Ethics Committee of the American Art Therapy Association, Inc., and truthfully represent and disclose facts to the Ethics Committee when requested.

10.8 Art therapists take reasonable steps to prevent distortion, misuse, or suppression of art therapy findings by any institution or agency of which they are employees.

11.0 FINANCIAL ARRANGEMENTS

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

11.1 When art therapists work in conjunction with other professionals (other than in an employer/employee relationship), the payment to each is based on the services provided and not based on who generated the referral.

11.2 Art therapists do not financially exploit their clients.

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

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

11.5 Art therapists may barter only if it is (a) not clinically contraindicated, (b) not exploitative to the client, and (c) an acceptable community standard or practice where the client and art therapist reside. Bartering is an agreement entered by the client and the art therapist to exchange art therapy services for a type of non-monetary remuneration by the client, such as goods or services.

11.6 Art therapists aspire to offer equal access to art therapy services to those clients who are unable to pay full fee, and where possible, offer a sliding fee scale to accommodate such need.

12.0 ADVERTISING

Art therapists engage in appropriate publicity regarding professional activities in order to enable clients to choose professional services on an informed basis.

12.1 Art therapists accurately represent their professional competence, education, training, and experience.

12.2 Art therapists do not use a name that is likely to mislead the public concerning the identity, responsibility, source, and status of those with whom they are practicing, and do not represent themselves as being partners or associates of a firm if they are not.

12.3 Art therapists do not use any professional identification that includes a statement or claim that is false, fraudulent, misleading, or deceptive. Art therapists accurately represent their education and credential qualifications. Art therapists avoid titles or abbreviations, which may be misleading or imply a credential that they have not obtained.

12.4 Art therapists correct, whenever reasonable, false, misleading, or inaccurate information and representations made by others concerning the therapists' qualifications, services, or products.

12.5 Art therapists make certain that the qualifications of persons whom they employ are represented in a manner that is not false, misleading, or deceptive.

12.6 Art therapists may represent themselves as specializing within a limited area of art therapy only if they have the appropriate education, training, and experience to practice in that specialty area.

12.7 Members in good standing of the American Art Therapy Association may identify such membership in public information or advertising materials as long as they clearly and accurately represent the membership category to which they belong.

12.8 Art therapists use the ATR® and/or ATR-BC® designation only when they have been officially notified in writing by the Art Therapy Credentials Board, Inc., that they have successfully completed all applicable registration and certification procedures.

12.9 Art therapists refrain from using the “AATA” initials following their name as if it were an academic degree or the “AATA” initials or logo for any purpose without receiving written permission from the Association.

12.10 Art therapists using photos or videos of clients, their artwork and/or endorsements for any advertising purposes obtain explicit consent from clients for doing so. Such consent includes whether and how the client wants to be identified.

13.0 INDEPENDENT PRACTITIONER

An independent art therapy practitioner is someone who is responsible for the delivery of services to clients when clients pay the art therapist directly or through third-party payment sources for art therapy services rendered. Independent practitioners of art therapy must conform to state laws and regulations that pertain to the provision of independent mental health practice and to applicable art therapy credentialing and certification requirements. Independent practitioners of art therapy confine their practice within the limits of their training. Art therapists who are independent practitioners neither claim nor imply professional qualifications exceeding those actually earned and received. They are responsible for correcting any misrepresentation of these qualifications.

14.0 INITIAL AND ENDING PHASES IN ART THERAPY

Art therapists take care to orient clients to the nature of art therapy services and respectfully end art therapy services when appropriate.

14.1 Art therapists, upon acceptance of clients, provide informed consent that includes, but is not limited to: client rights, confidentiality and its restrictions, duty to report, roles of both client and art therapist, expectations and limitations of the art therapy process, fee structure, payment schedule, session scheduling arrangements, emergency procedures, complaint and grievance procedures and how client artwork will be documented and stored.

14.2 During the initial phase, art therapists and clients design treatment plans, goals, and objectives to assist the clients in attaining maintenance of maximum level of functioning and quality of life.

14.3 Either the art therapist or the client may initiate termination. Art therapists and clients terminate art therapy services by attending to appropriate termination indications when it becomes reasonably clear that the client has attained stated goals and objectives, is not likely to continue services, is not likely to benefit, or is being harmed by continuing the service.

14.4 Art therapists communicate the termination of art therapy services to clients by engaging and involving the clients appropriately in the termination process.

14.5 Art therapists ensure, to the extent that it is possible, a termination process of sufficient duration so as to promote a smooth transition for the clients to another mental health practitioner or to independent functioning.

14.6 Art therapists remain especially attentive to clients' behaviors when any danger of client regression or negative reaction to termination exists. Art therapists work to avert or assist in the management of such negative outcomes, to the extent possible, by use of appropriate therapeutic interventions and by taking steps to ensure continuity of care when appropriate.

15.0 PROFESSIONAL USE OF THE INTERNET, SOCIAL NETWORKING SITES AND OTHER ELECTRONIC OR DIGITAL TECHNOLOGY

Electronic technology includes, but is not limited to, computer hardware and software, fax machines, telephones, videos, and audio and video recording devices. It is possible that those for whom the communication is not intended can access communications through some of these devices. Therefore art therapists take steps to ensure the confidentiality of communication, including therapy or supervision sessions conducted at a distance.

15.1 Art therapists understand that personal and professional information on social networking sites, discussion groups, blogs, websites, and other electronic media may be readily available to the public. As such, it is advisable for art therapists to take precautions to protect information they do not want to be available to clients.

15.2 Before undertaking technology-assisted professional activities, art therapists make certain that the particular use of technology for treatment, consultation, or supervision is congruent with any relevant laws. Art therapists seek technical assistance when needed so that they are sufficiently knowledgeable and proficient in available technology to best meet their professional needs and the needs of their clients, supervisees, or students.

15.3 Art therapists should discuss with clients who are interested in digital electronic-assisted art therapy the benefits and limitations of such services, and also determine that the particular clients possess the necessary cognitive abilities to make the best use of this form of treatment.

15.4 Art therapists provide for communication that is accessible to persons with disabilities. In cases in which electronic communication is the most accessible, art therapists take steps to incorporate this type of communication and to use it in a manner that is as secure and confidential as possible.

Art therapists inform clients and supervisees of the limitations of confidentiality specific to electronic communication as well as other limits of confidentiality pertaining to the use of technology in art therapy services and supervision. Art therapists discuss the limitations of encryption, the permanent nature of posted messages on the Internet, and the public access to information or artwork that is posted digitally on electronic media sites and interfaces.

15.6 If encryption is not possible, art therapists notify clients of this fact and limit messages to general communications.

16.0 CONDUCTING ART THERAPY BY ELECTRONIC MEANS

Art therapy by electronic means is a continuously evolving application of art therapy. As such, it presents opportunities for service, as well as ethical dilemmas. Art therapists consider the ethical ramifications of providing art therapy services via the Internet, telephone, or other electronic means.

16.1 Art therapists who offer services or information via electronic transmission inform clients of the risks to privacy and the limits of confidentiality. Art therapists discuss the merits and detriments of recording or documenting the sessions.

16.2 Art therapists obtain informed consent from clients or legal guardians (if applicable) that describes the type of technology to be used when providing art therapy services by electronic means.

16.3 Art therapists take reasonable steps to ensure that any art therapy services provided through electronic means are in accordance with applicable laws, regulations, and the licensing requirements of the states in which they and their clients reside.

16.4 When providing art therapy services by electronic means, art therapists take reasonable precautions to determine the true identity of the clients.

17.0 ABIDING BY THE ETHICAL PRINCIPLES FOR ART THERAPISTS

By accepting membership in the American Art Therapy Association, Inc. (AATA), art therapists agree to abide by the Association's Ethical Principles for Art Therapists. It is the responsibility of each member to act in accordance with these principles and to comply with all applicable laws, regulations, and licensing requirements that govern the practice of therapy in each member's state. These principles are written to provide a basis for education and a foundation for ethical practice.

17.1 The American Art Therapy Association Bylaws, Article XI, Section 11.2, authorizes the Ethics Committee to be a standing committee of the Association. The committee educates the membership and the general public as to the *Ethical Principles for Art Therapists* and has the responsibility to recommend, make changes to, and implement these principles as adopted by the Board of Directors of the Association and as they may be amended from time to time.

17.2 Art therapists who have had their professional credentials revoked by the Art Therapy Credentials Board as a result of an ethics violation shall have their American Art Therapy Association membership terminated.

18.0 INQUIRIES AND COMPLAINTS

Conflicts and disagreements are inherent in human interactions. Situations may occur in which one or more individuals believe that one or more members of the Association may have violated the *Ethical Principles for Art Therapists*. The Ethics Committee can address any inquiries that fall within its scope of responsibility as stated in the Bylaws of the Association. Complaints of unethical conduct are beyond the scope of the Ethics Committee and will be addressed to the relevant credentialing or licensure bodies, which govern the art therapist in question. Inquiries to the Ethics Committee can be submitted to the Ethics Committee Chairperson by emailing: *ethicschair@arttherapy.org*