



The Ethical Code for Arts Therapies Profession 2018

Visual arts, Bibliotherapy, Drama, Music, Psychodrama, Movement and Dance

Chapter A: Introduction

The code of professional ethics is designed to establish appropriate standards that will shape the professional character of the art therapist and to establish rules that will help maintain integrity. This Code seeks to outline rules for ethical-professional conduct and to instill it in the practitioners of the art-therapy profession and their patients. The ethical code seeks to influence the uniqueness and quality of the art therapy profession in Israel - for therapists who engage in it, and for other professional communities, for various employers, and for the general public.

The rules of ethics formulated in the code of professional ethics are binding on all the art therapists in Israel.

The professional ethical code is worded in the male gender however it is intended for both male and females.

This document was built on the basis of the Ethical Code of Yahat, first compiled by Peretz Hesse and updated by Yehudit Siano and Tamar Hazut. It was recently updated and rewritten by the Ethics Committee of Yahat, with the help of members of the High Council Dr. Noga Ben-Sasson, Dr. Susanna Pendzik, Dr. Edna Nahum-Nissimov and Dr. Ilana Lach.

Art therapists must be familiar with the code of ethics, keep up with it from time to time, and are obliged to follow its guidelines (this is in accordance with the ratification of the decision of the High Council in 2018). The therapists are invited to contact the Ethics Committee of Yahat in every matter and need.

Members of the Ethics Committee: Chairman Galila Oren, Srulik Gruper, Tamar Kihli, Noa Reves Shenhav, Yaela Shaked.

Chapter B: Definitions of the Profession

A. The "Art Therapy" profession is a profession in the field of health, in which psychotherapy is provided by one of six areas of therapy: visual art therapy, bibliotherapy, drama therapy, music therapy, movement and dance therapy, and psychodrama therapy. The existence of the therapeutic process is based on knowledge in the fields of art itself, art therapy and psychology. This profession views the arts as a central channel through which psychotherapy takes place and offers ways of expression that are not



necessarily verbal. The ultimate goal of art therapy is to assist the patient's mental well-being, while striving for optimal quality of life.

The profession of art therapy is suitable for therapeutic work with a variety of populations and ages - from children to the elderly, who suffer mental, emotional, developmental, social and other problems.

Art therapists work in the private and public sectors, in an individual and group format, adapting it to the variety of the population in Israeli society.

B. An "Art Therapist" is a therapist who holds the following degrees:

- Has a master's degree in art therapy from an academic institution recognized by the Council for Higher Education in Israel, who has also completed a year of advanced practical training (third year).
- Has a master's degree from an academic institution abroad, recognized by the competent authorities in the foreign country and the Council of Higher Education, who completed 1560 practical training or the same amount of work in a public institution.
- The definition of a professional as an "Art Therapist" also applies to a graduate of a three-year certificate program, who met the professional requirements of the professional association and who has completed his studies by September 30, 2018.

Chapter C: Basic Guidelines

The code of professional ethics for art therapists offers therapists standards, tools, and guidelines to use in their professional work.

The code of professional ethics strives to shape the values of the profession and the work of art therapists, while being committed to the following:

1. Compliance with the laws of the State, and the rules governing art therapy training and professions.
2. Showing honesty towards patients, supervisors and colleagues.
3. Concern and commitment to the welfare of all applicants, regardless of race, sex, religion, nationality, origin, age, sexual orientation, level of education, marital status and/or economic status.
4. Avoiding abuse of the status of the art therapist as having an effect on patients and/or on apprentices.
5. An art therapist can provide private therapy only after he has accumulated at least two years of professional experience in public frameworks, and only after completing his advanced practical training (third year) and his academic obligations.
6. When transitioning to work in the private sector, the therapist must be accompanied by a therapist mentor, who is a professional instructor who provides him with personal instruction, for at least three years. The instruction will be given by an art therapist who is a "certified instructor" on behalf of Yahat, and as a priority he should be an instructor in the field of art in which the apprentice engages, a psychologist, clinical social worker or psychiatrist - who are qualified to train in their fields – and this is in accordance with guidelines of the High Council for Art Therapies in Israel.



Chapter D: Professionalism

1. The therapist must ensure that he maintains a proper professional level of knowledge in the field of therapy, which includes continuous professional training, updating knowledge and learning, and receiving ongoing instruction.
2. The art therapist must present himself using his full name, profession and field of art which he specializes in, with clarity and maximum visibility.
3. The art therapist must ensure proper professional conduct, while presenting his professional abilities, training and professional experience, while ensuring and refraining from giving therapy beyond the realm of knowledge and training.
4. The art therapist should avoid giving therapy to a person with whom there is a relationship such as: family, social, economic, and other connections.
5. The therapist is obligated to formulate a therapy contract with the patient and/or with the parties responsible for him (parents, guardian) prior to the commencement of the therapy. The therapy contract will address issues such as: conditions of the therapy, place and time of the meetings, payment, responsibility, information regarding maintaining secrecy, confidentiality and reporting requirements.
6. If there is a need on the part of the patient or the therapist to involve other parties, the therapist must discuss the issue and the implications thereof with the patient (emotional, legal, etc.) and sign the patient or guardian on a "waiver of confidentiality" from, and this is before approaching these parties. It is important to ensure that they sign twice – in other words, an authorization for the therapist to provide information to the other party.
This section is not valid in cases where the law requires reporting to the police or other authorities of the law.
7. Documentation and a summary of the therapy will be done routinely on a regular basis, including writing up a "medical record". If necessary, the patient's situation should be reported to family, legal authorities, welfare authorities, health authorities and educational authorities, in accordance with the law and professional ethics, while maintaining the customary rules of confidentiality and care, and strict adherence to the duty to report.
8. The therapist should be aware of and identify situations that require discontinuation of the therapy and the referral of the patient to other caregivers - due to professional or personal circumstances.
9. The therapist must prepare for the end of the therapeutic relationship at the appropriate time and in a suitable manner.
10. Professional ethics obliges therapists to maintain fairness and respect for their colleagues and other professionals, while avoiding slander and to cooperate as required, for the benefit of the patient.
11. In cases where consultation, evaluation, diagnosis, medical supervision or other professional supervision are required, the art therapist must make sure to turn to the relevant professional bodies.
12. Transitioning from public to private therapy:
 - a. An art therapist employed in a public institution shall not work privately in that framework, unless he has received a special permit from the employing institution and the circumstances have been proven to require this.



b. An art therapist employed in a public or other framework, in which the therapy has ended due to the termination of his employment there, or for any other reason, will not be able to offer the patient further therapy in a private framework for one year, unless he has received a special permit from the employing institution and the circumstances have been proven to require this.

c. In the event that the patient is the one who left the public framework where he was treated, a cooling off period of a year is required between public and private therapy, unless the therapist has received a special permit and recommendation from the employing institution and the circumstances have been proven to require this.

13. Instruction and Training

a. An art therapist who engages in teaching and instruction will show responsibility for the professional development of his students and apprentices. He should serve as a personal example of professional work, he should be highly aware, provide quality up-to-date and thorough knowledge, he must strictly adhere to the rules of professional ethics and practice respectful and equal interpersonal relations.

b. An art therapist who engages in teaching and instruction will refrain from establishing therapeutic contact with his students, teachers and/or their families for one year from the date of completing their studies at the institution in which he teaches.

c. An art therapist will not privately instruct students who study at the institution where he or she teaches during the student's studies. Only after completion of his studies, including completion of a year of advanced practical training (third year) and the submission of grades and assessments by the teacher / instructor, may any teacher / instructor instruct the graduates from his institution.

Chapter E: Confidentiality

1. The art therapist must strictly protect the privacy and the confidentiality of his patients and/or his instructors. In addition, he must ensure that the confidentiality of the documentation of the therapy and/or training is maintained (written, in a work of art, in a recording, in film, and/or digitally).

2. Confidentiality of the creative processes and the products thereof:

a. A duty of confidentiality of information of any kind exists related to the treatment, including the creative processes created during the therapy and the products thereof.

b. Disclosure of information should be avoided without the written and clear consent of the patient and/or the person responsible for it, unless there is a reasonable basis to assume that the health and life of the patient or other person is in serious and immediate danger and in accordance with the provisions of the law, as mentioned in section 6 under the subject "professionalism".

c. A therapist who wishes to present his professional work in the framework of research, instruction, or in another framework (the therapy, the patient, including his works of art) must receive written consent from the patient. In the case of a minor, the consent of both parents is required.

d. In addition to obtaining consent, the identity of the patient must be hidden, a pseudonym must be chosen and declared, and details that may expose the patient and his associates should be concealed.



3. The art therapist must protect confidential information of any kind, verbal and/or creative, transmitted to him by his patients and his apprentices, both during and outside the treatment.
4. The therapist must protect his patients and avoid exposing them to information that might harm them.
5. Waiver of confidentiality shall be made only under the following conditions:
 - a. The therapist shall disclose confidential information in the civil, criminal or disciplinary field when required by law, while ensuring the patient's best interests and adhering to proper rules of caution.
 - b. In cases where there is a duty of disclosure and exposure, such as in the therapy of minors and/or incompetents, the therapist must obtain the consent of the parents or guardians of the patient, unless required by law to act otherwise.

Chapter F: Contact, Intimacy and Sexuality

The therapeutic relationship between art therapists and their patients is a complex one, in which relationships have authority and influence, alongside intimacy and closeness. It should be emphasized that by law, art therapists may not maintain erotic relationships nor sexual relations by art therapy with their patients and with others that are significant to patients.

The prohibition on sexual relations and erotic relations also applies to training relationships with students and apprentices, where a relationship of authority also exists towards them.

Therapists will not offer therapeutic intervention to patients with whom they or a member of their family had had sexual or erotic contact in the past.

Engaging in the various arts during the therapy and/or training may create physical closeness. The art therapist and/or the art instructor should be aware of and sensitive to the subject and avoid abuse of the relationship under the provisions of the Sexual Harassment Law, 5758- 1998 and the procedure of the institution where he is employed.

1. The art therapist must recognize situations in which, due to the nature of the profession, proximity and contact are required for the patient's benefit, provided that they are carefully offered, while maintaining strict limits, checking the suitability of the patient and distinguishing between situations in which contact is essential and those it is not.
2. In areas where contact is an inseparable part of the therapeutic language (such as drama, psychodrama, and movement), the therapist must bring it to the attention of the patient in advance, check the issue with him and define the nature of the contact in the therapy contract.
3. The art therapist must recognize the constructive power of the intimacy created in the processes of creation and expression and during the therapeutic relationship and know to distinguish between them and from the abuse of intimacy, which may confuse and blur the boundaries of the therapeutic relationship.



4. The therapist should avoid undressing in the presence of the patient or apprentice or allow the patient or the apprentice to take off his clothes. The therapist should wear appropriate and non-revealing clothing during his / her therapeutic work and take into account the cultural norms and clothing code accepted in the community or institution in which the treatment is performed.

Chapter G: Work Conditions

1. Proper safety conditions should be maintained in the therapy room: adequate ventilation, adequate lighting, access to water, protection from material toxicity, and against the danger characteristic of the equipment used in the therapy and in the creation.
2. Proper procedures, maintenance conditions, and proper maintenance of the equipment and materials intended for the patient's use must be observed, and their accessibility and operation should be facilitated.

Chapter H: Protecting the Creations

The creations created in the therapeutic process belong only to the patients. The works reflect the patient's inner, mental, and emotional world. The work on a creation as well as the creation itself are an important, significant and central part of the art therapy. As such, the therapist must treat both the creative process as well as the work itself with sensitivity, confidentiality, respect and professional responsibility.

1. Methods of Preservation of Creative Materials:
 - a. The process of creation and expression and the manner in which the works are recorded should be defined as part of the therapy contract.
 - b. The creations created during therapy must be protected, preserved, encrypted and stored properly. Exposing the products to patients and other parties in the therapy space is contingent upon obtaining consent from the patient or those responsible for him.
2. Holding the Creations:
 - a. The therapist is responsible for the safety of the works and the documentation of the therapeutic material. He must refer to this in the therapy contract.
 - b. It is possible to give the patient his works during the course of the therapy or immediately upon completion, subject to the therapist's professional judgment regarding the patient's best interests.
 - c. If the patient is not interested in receiving his or her works at the end of the treatment, the works or photographs thereof and the verbal or photocopied documentation of the treatment should be kept in the possession of the institution where the therapy was performed or in the care of the therapist in the case of private therapy for 7 years or until the materials are shredded and this is in accordance with the



requirements of the law and/or in accordance with an early agreement with the patient. During this period, the therapist and the institution have the duty to protect the works and the documentation.

d. In the event that the therapist or institution wishes to keep a record of the works, the therapist must inform the patient and obtain his approval.

e. If the therapist cannot protect the works and their confidentiality after the therapy is over, he must ensure that they are shredded.

3. The Artistic Value of the Works:

a. Avoid disclosing the works of a patient and giving them public or commercial value. It should be noted that the patient may, of course, present his work - which belongs to him. It should also be noted that the copyrights belong exclusively to the patient, even when the work was created during therapy.

b. It is possible to consider exposing the works to the general public, in cases where the empowerment of the patient is essential, or any other therapeutic consideration. In these cases, the therapeutic consideration is the determining factor and not other goals, such as promoting the status of the profession, raising funds for the institution, professional advertising, and more. It is emphasized again that this will only be done while receiving the patient's written permission, a waiver of confidentiality, and in the case of minors, permission from the parents or guardians.

Chapter I: Multicultural Aspects

Art therapy is offered to the entire population in all its various forms.

The therapist must recognize the differences and particularities of the cultures from which his patients come. Learn about them, accept the uniqueness of each culture and to understand its implications on the therapeutic work, on the diagnosis, on the therapy processes, and on creative processes.

Cultural diversity can affect, among other things, the media, the understanding of what is said and what is not said in therapy, the relationship between transference and countertransference in therapy, and artistic emphases and other emphases. It is important to show awareness of the power relations created within therapy, and the influence the culture of the majority over minority groups. The therapist must be sensitive to the influence of the cultural, social, and political context on their expressions in the therapeutic context.

1. The therapist must understand and develop therapeutic skills adapted to multicultural aspects and be aware of the differences between his or her therapeutic approach and the patient's needs arising from the cultural-social-religious context.

2. The uniqueness of populations with special needs must be recognized and the accessibility of the therapy and the means used by the therapist should be taken into account in adapting them to these populations.

3. The therapist must be sensitive and aware of the opinions and beliefs that he and his patients carry in their hearts. He must be attentive and look at their potential impact on psychotherapy and creative processes.



4. The uniqueness of the field of art, which allows for freedom of expression and connection to the roots, the traditions, the past and the life stories, should be recognized as a bridge over language and cultural barriers and as a source of connection and communication.

Chapter J: Research

1. The art therapist should keep up with the knowledge and research in the professional field and focus on the development of tools and professional abilities in the field of art therapy.

2. The therapist -researcher must obtain a signed consent from the patient that allows him to use the patient's works for the purpose of research and other information obtained during the course of his therapy.

3. The therapist -researcher must maintain human dignity and protect the well-being of the participants in the research. In no way should the participants be jeopardized for the purpose of the research.

4. The therapist -researcher must act in accordance with the laws, procedures and professional standards used in the country and in the institution in which he operates, including applying for approval from the Ethics Committee for Research.

5. The therapist -researcher must be responsible for the ethical aspects included in planning the research. In cases where there is concern or doubt about the risk that the research may create, it is necessary to consult with a professional who is not involved in research, such as an ethics committee.

6. The therapist -researcher should inform the participants in the research of all aspects derived from their participation in the research, including risks and issues related to confidentiality. The therapist -researcher is required to show special sensitivity to populations whose understanding is limited (due to mental or communicative disabilities, incompetents, children, etc.). In such cases, written consent must be obtained from the appointed guardian and/or the therapist must act in accordance with the Ethics Committee's instructions.

7. The therapist -investigator shall respect the right of the participant in the research and shall allow him to terminate his participation at any time he wishes, without harming the rights of the participant. The therapist -researcher may not abuse his position and influence the decisions of the research participant.

Chapter K: Advertising Occupation in the Professional Field

1. An art therapist may advertise his or her work and skills in the media and digital media after reaching the status that authorizes him to work privately.

2. The art therapist must refrain from advertising his occupation and skills in a way that can mislead the public.

3. The art therapist must refrain from advertising his occupation and skills in such a way that can harm his colleagues.



Chapter L: Use of Digital Media

Digital media includes computer hardware and software, facsimile machines, smartphones, video and audio devices, electronic recording devices and other technological means. External parties may have access to the contents of this electronic communication.

1. The art therapist must take measures to ensure the confidentiality of electronic communications in therapy and instruction. He must inform the patient and/or apprentice about the confidentiality restrictions involved in the use of this communication.
2. The art therapist must be aware of the dangers involved in publishing content that cannot be deleted and which stays permanently on the Internet. He must also be aware of the implications of exposing content, works and information from therapy and/or instruction in electronic media and on social networks. The therapist must exercise extreme caution in the use of these measures.
3. The therapist in group therapy is responsible for defining in the therapy contract that members of the group should not distribute on the internet experiences or works from the group therapy that relate to other people.
4. An art therapist who engages in teaching and training and uses digital means, will keep updated and updated his students and apprentices of the digital possibilities and the discourse in the digital space, while maintaining strict professional ethics.
5. The art therapist must be familiar with the technology he is using, know how to operate it well, and deal with its technical aspects.
6. Sometimes art therapists use remote intervention in therapy and instruction -such as therapy or instruction using Skype.
 - a. All rules of ethics applicable to face-to-face intervention also apply to remote interventions.
 - b. A therapy contract must be implemented that takes into account the use of media for remote communication and defines the methods of communication between therapist and patient.

Chapter M: Orientation in the Code of Ethics

1. The educational institutions will study the code of professional ethics as part of the curriculum, and they will encourage the students to discuss ethical subjects in the framework of the courses being taught.
2. The team of lecturers and instructors in the training programs must be familiar with the Code of Ethics and be familiar with the possibility of contacting and consulting with the Ethics Committee of Yahat.



This code of ethics of the art therapy professions represents professional standards depending on the period and culture, and therefore it should be updated on a regular basis.

The ethics committee of art therapists is responsible for updating the code and is open to suggestions from all art therapists.

Art therapists must be alert to situations in which moral values, rules of law and professional ethics may arise. In these cases, as well as in other cases where there is doubt and need, therapists are invited to contact the Ethics Committee for consultation.

It is possible to contact the Ethics Committee at the Yahat site at the address www.yahat.org