



Standards of Practice

PREAMBLE

The Canadian Art Therapy Association is a professional, educational and research oriented organization whose members are dedicated to the enhancement of the worth, dignity, potential, and uniqueness of each individual and thus to the service of society. The specification of ethical standards enables CATA to clarify to present and future members and to those served by members of the Association, the nature of ethical responsibilities held in common by its members.

These Standards of Practice are intended to serve as a guide to the everyday conduct of members of the Canadian Art Therapy Association and as a basis for the adjudication of issues in ethics when the conduct of Art Therapists is alleged to deviate from the standards expressed or implied in this document. As presented herein, this document represents the standards of ethical behaviour for Art Therapists and has as its goal the welfare and protection of the individuals and groups with whom Art Therapists work. It is the individual responsibility of each Art Therapist to aspire to the highest possible standards of conduct. Art Therapists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices. The development of a dynamic set of ethical standards for an Art Therapist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behaviour by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems.

These Standards should not be used as an instrument to deprive any Art Therapist of the opportunity or freedom to practice with complete professional integrity; nor should any disciplinary action be taken on the basis of these Standards without maximum provision for safeguarding the rights of the Art Therapist affected.

In subscribing to these Standards, Art Therapists are required to cooperate in its implementation and abide by any disciplinary rulings based on it. They should also take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues. Finally, Art Therapists should be equally ready to defend and assist colleagues unjustly charged with unethical conduct.

These Standards of Practice are offered to affirm the desire of Art Therapists to be ethical and to act in an ethical manner in all that they do as Art Therapists. These Standards are binding on members of CATA in all membership categories.

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A. RESPONSIBILITY TO CLIENTS.

Art Therapists are dedicated to advancing the welfare of their clients, as well as maintaining objectivity, integrity, and upholding high standards of professional competence and service.

A.1

Art Therapists are cognizant of their potentially influential position with respect to their clients, and they avoid exploiting the trust and dependency of such persons. Art Therapists therefore make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships with clients include, but are not limited to business, or close personal relationships with clients. A time period of at least two years post termination of art therapy services is required before an art therapist can engage in a romantic/sexual relationship with a former client.

A.2

Art Therapists should not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, sex, sexual orientation, age, religion, socioeconomic status, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition or status.

A.3

At the beginning of the client-therapist relationship, Art Therapists must discuss and explain to each client the rights, roles, expectations and limitations of the Art Therapy Process, as well as the fact that there is a C.A.T.A. Ethics Committee complaint procedure as outlined in section "L". The following is the suggested text for conveying the above information: "I am a member of the Canadian Art Therapy Association and practice according to its ethical guidelines. If you have any concerns, there is a procedure in place for addressing concerns during or after therapy. Either contact the President directly and/or the Ethics Committee at the Canadian Art Therapy Association. Any issues or concerns can be sent to the current CATA address or emailed to www.catainfo.ca.

A.4

Art Therapists make financial arrangements that are clearly understood by their clients at the onset of treatment and that safeguard the best interests of the client and the profession of Art Therapy.

A.5

Art Therapists shall continue a therapeutic relationship with a client as long as it is reasonably clear that the client is benefiting from the relationship. It is unethical to continue a therapeutic relationship with a client for the sole purpose of financial remuneration to the Art Therapist, or when the therapy and/or relationship is no longer clearly in the best interests of the client.

A.6

In the event that a client is a minor (according to Provincial laws), or an adult who requires consent by a legal guardian,

any and all disclosure or consent which may be required must be made to or obtained from the legal parent or guardian, except in such other circumstances as provided under Provincial or Federal Laws.

A.7

Art Therapists obtain the informed written consent of clients before taping, recording, or permitting third party observation of their activities.

A.8

Art Therapists shall not engage in therapy practices or procedures that extend beyond the scope of their own level of expertise achieved through educational training and clinical practice and experiences.

A.9

Art Therapists shall advise clients at the commencement of treatment about ownership of the artwork within the treatment mandate. Art therapists shall approach the release and/or disposal of artwork as a treatment issue and shall decide upon its release and/or disposal in consultation with the client (or legal guardian).

A.10

In case of premature termination on the part of the client, the art therapist must make a reasonable effort to contact the client to arrange the release and/or disposal of the artwork. Artwork may be disposed of in a way that maintains client confidentiality 6 months after there has been no client contact.

A.11

In the case of an art therapist being called for a professional consultation by an agency or another professional, the art therapist will make every effort to avoid all false interpretation and/or erroneous use of the client's artwork, interactions within the therapy situation, assessment procedures, and professional reports, written or verbal. Art therapists shall restrict comments to the relevant conclusions and recommendations gained in the art therapy work with the client(s).

A.12

Art Therapists shall not publicly display art products from a client's therapeutic process without the written consent of the client or his/her legal guardian.

A.13

Art Therapists shall not identify clients by name, address, date of hospitalization or treatment, or other specific information that may disclose the person to the public unless such disclosure is made by clients themselves.

A.14

Art Therapists shall make clear formal contracts with the client for the release of confidential information. The contract must clearly state the various options for the use of the art and/or information so that the client may make an informed decision. The contract shall be clearly dated and signed by the client or legal guardian, so as to define the terms of the release.

A.15

Art Therapists shall be bound to professional confidentiality except when released by written authorization from clients or their legal guardians, or where required by law. Clinical notes and professional records shall be made with sensitivity to the possibility of being examined as evidence in legal proceedings or by the client if over 16 years of age, recording only what is necessary for clarity of the issues to be addressed therapeutically, either by the individual therapist or the clinical team.

A.16

Art Therapists called upon to give an expert evaluation before a court shall inform the client of this mandate and shall limit the report to information relevant to the case.

A.17

Art Therapists shall acknowledge the inherent power differential in therapy and shall model effective use of personal power.

A.18

Art Therapists shall not discontinue services to a client before a mutual decision is reached regarding the completion of therapy or except on just and reasonable grounds. Just and reasonable grounds for discontinuation of Art Therapy services are: an inability for the Art Therapist to continue due to personal or external circumstances; lack of any further benefit to the client; evidence of a conflict of interest between therapist and client or evidence of a situation jeopardizing the therapeutic relationship; or incitement by a client for the therapist to perform illegal, unfair or fraudulent acts. If services must be discontinued, Art Therapists shall give reasonable notice and ensure that an unprejudiced referral is made.

A.19

When the client's condition indicates that there is clear and imminent danger to the client or others, the Art Therapist must take reasonable personal action or inform responsible authorities in accordance with current provincial, and federal legislation. Consultation with other professionals must be used where possible.

B. CONFIDENTIALITY

Art Therapists have a primary responsibility to respect client confidentiality and safeguard verbal and visual information about an individual or family that has been obtained in the course of their practice investigation or teaching. The overriding principle is that Art Therapists respect the confidences of the client(s).

B.1

Art Therapists must obtain written permission from clients involved in treatment before any data, visual or verbal, is divulged. Information shall be revealed only to professionals concerned with the case. Written and oral reports are only to disclose data relevant to the purposes of the inquiry. Every effort is made to avoid undue invasion of the client's privacy.

B.2

Art Therapists are responsible for informing their clients of the limits of confidentiality, such as

- 1) when the disclosure of client confidences are mandated by law;
- 2) when there is clear and immediate danger to a person or persons;
- 3) where the Art Therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the court action).

B.3

The Art Therapist communicates confidential information to other professional personnel, receives from, and uses confidential information of other professional personnel only according to the regulations and procedures of the agency with which she/he is affiliated, or at the discretion of the professional with whom she/he is consulting.

B.4

Art Therapists shall maintain confidential client treatment records for the timeframe outlined in the policy of their employment agency or in provincial regulations. In the case of private practice and/or the absence of provincial regulations, art therapists shall maintain the records of adult clients for a minimum of seven years after last contact with client and for a maximum of 10 years. In the case of minors, records shall be retained for a minimum of seven years after the age of majority and a maximum of 10 years. In the absence of litigation, after these time periods, all written, electronic and other records shall be disposed of in a manner which ensures confidentiality.

C. PROFESSIONAL COMPETENCE & INTEGRITY

Art Therapists are dedicated to maintaining high standards of professional competence and integrity.

C.1

The Art Therapist does not misrepresent his/her professional qualifications, education, training, affiliations, and purposes, and performs only those functions for which he/she is qualified. Art Therapists use the initials RCAT after their name only with official recognition from the Canadian Art Therapy Association.

C.2

Art Therapists employed by another person or agency suggest clients of the employer or agency leave to come to their private practice *only* when there is a mutual agreement between the Art Therapist and the employer or agency. Such a change is made only in the best interest of the client.

C.3

Art Therapists seek appropriate professional assistance for their own personal problems or conflicts that are likely to impair their work performance and their clinical judgment.

C.4

Art Therapists recognize differences among people, such as those that may be associated by age, race, ethnicity, national origin, socio-economics, sexual preferences, gender, and religious background. When necessary, they obtain training, experience, or council to assure competent service or research relating to such persons.

C.5

Art Therapists shall maintain professional competence by utilizing such means as ongoing self-evaluation, peer support, consultation, research, supervision, continuing education, and personal therapy to evaluate, improve and expand their quality of work with clients, areas of expertise and emotional health.

C.6

Art Therapists are aware that, because of their ability to influence and alter the lives of others, they must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

C.7

Art Therapists do not attempt to diagnose, treat, or advise on problems outside the recognized boundaries of their competence.

C.8

Where an Art Therapist is not covered for Professional Liability through an employer, agency, etc. as in the case of an Art Therapist working in private practice, said Art Therapist must obtain and maintain at all times, adequate Professional Liability as well as Business/Property Liability Insurance as required.

C.9

Art Therapists do not engage in relationships with clients, supervisees, students, employees, or research participants that are exploitive in nature and/or effect.

C.10

Art Therapists do not condone or engage in sexual harassment which is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature.

C.11 Individuals may refer to themselves as Art Therapists only upon being granted that status from an approved Art Therapy program. Otherwise students must refer to themselves as 'students in the field of art therapy'. Associate members should never suggest that their CATA membership entitles them to practice Art Therapy without the specialized training necessary to do so.

D. RESPONSIBILITY TO THE PROFESSION

Art therapists act with integrity in regard to colleagues in Art Therapy and other professions. They carry out research in

an ethical manner, and participate in activities which advance the goals of the profession of Art Therapy.

D.1

Art therapists must remain accountable to the ethical standards of the profession when acting as employees of governmental or other agencies or organizations.

D.2

Art Therapists assign credit to those who have contributed to any research publication in proportion to their contribution to said publication. Art Therapists must honour the intellectual property of others; they must also assign or acknowledge credit for ideas or directives from other Art Therapists or related professionals.

D.3

Art Therapists, as researchers, must be adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.

D.4

Art Therapists are concerned with developing regulations pertaining to Art Therapy that serve the public interest, and with deterring such laws and regulations that are not in the public interest.

D.5 As employees or employers, Art Therapists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based upon considerations of race, disability, age, gender, ethnic background, national origin, sexual preference, religion, etc. in hiring, promotion or training.

D.6 Art Therapists shall not ask any student, employee or supervisee to perform or present themselves as competent to perform professional services which are beyond the scope of their level of education, training, experience or competence. Refer to the Complaints and Disciplinary Procedures as set out in L1.

D.7

Art Therapists who act as supervisors are responsible for maintaining the quality of their supervisory skills, seeking consultation and/or supervision for their work as supervisors whenever appropriate.

D.8

Art Therapists understand areas of competence in related professions and make use of all professional, technical, and administrative resources to best serve their clients

D.9

Art Therapists shall co-operate with the Ethics Committee of the Canadian Art Therapy Association and truthfully represent and disclose facts to the Ethics Committee when requested or when it is deemed necessary to preserve the integrity of the profession of Art Therapy.

D.10

Art Therapists shall not publicly denigrate, belittle, or reflect in any negative manner the skills, competence, fees, or any other matter of another Art Therapist unless in a formal complaint to the CATA Ethics Committee and/or the CATA Executive in a case of ethical violation.

D.11

Art Therapists shall use a disclaimer when giving public Art Therapy presentational workshops or seminars: For example, "This workshop is intended as an introduction to Art Therapy to acquaint therapists and others with Art Therapy as a profession and as a clinical tool. Participation in this workshop does not qualify participants to represent themselves as Art Therapy practitioners nor is it sufficient to qualify practitioners or others to use Art Therapy as a clinical or therapeutic tool in the treatment of their clients.

D.12

In establishing a professional fee schedule, Art Therapists should take into consideration their level of training, the geographical area in which they serve, the client population's economic status, and what fees related health care professionals charge in their area.

E. RESPONSIBILITY TO STUDENTS, SUPERVISEES, & RESEARCH PARTICIPANTS:

E.1

Art Therapists are aware of their influential position with respect to students, supervisees, and research participants, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation.

E.2

Art Therapists do not permit students, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

E.3

Art Therapists shall ensure that statements made in catalogues and course outlines accurately describe the subject matter to be covered, the nature of course experiences, and the basis for evaluating progress.

E.4

Art Therapy educators and training program coordinators shall be responsible for providing direct supervision for students and interns enrolled in their institute, college, or university in accordance with recognized standards for training.

E.5

Art Therapy supervisors shall negotiate a clear contract with those who seek or are assigned to them for supervision. The contract shall indicate but shall not necessarily be limited to such terms as: the method of supervision to be used; the clientele with whom the supervisee will be working, the Art

Therapy techniques the supervisee will likely use; and the schedule of time, place and fee for supervision.

E.6

Art Therapy supervisors shall recognize the limits of their own education, training and experience and shall not represent themselves to be able to supervise services beyond their knowledge of Art Therapy and related therapeutic techniques.

E.7

Art Therapy supervisors shall take responsibility for maintaining the quality of their supervision skills and shall obtain supervision and consultation whenever appropriate.

E.8

Art Therapy supervisors shall ensure that the client or client group is informed that the student intern is in training under the supervision of a qualified professional.

E.9

Supervision hours shall be determined in accordance with the minimum standards of training of CATA. Students: 1 hour supervision to 10 hours client contact, Professionals: 1 hour supervision to 20 hours client contact.

E.10

Art Therapists who provide supervision to an art therapy training program, do not disclose supervisee confidences except: a) as mandated by law; b) to prevent a clear and immediate danger to a person or persons; c) where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisee confidences may be disclosed only in the course of that action); d) in educational or training settings where there are multiple supervisors, and then only to other professional colleagues who share responsibility for the training of the supervisee; or e) if there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.

E.11

Researchers in the field of Art Therapy shall evaluate their projects as to the potential contribution to the profession of Art Therapy, to human welfare, and in relation to the welfare of the research participants.

E.12

Prior to commencing any research project the Art Therapist shall: 1) consult competent professionals in the field to ascertain whether the research project should be undertaken; 2) take all steps necessary to eliminate any possible emotional or physical risk to the research participants; 3) make sure that all individuals working with the principal investigator in the project shall accord due respect to the research participants and the artwork; 4) obtain written consent from all research participants, or their legal representatives, ensuring that this consent is based on full disclosure of all information.

F. PRIVATE PRACTICE:

F.1

Art Therapists and members of the Association shall accurately represent their level of competence, education, training, experience, professional qualifications, affiliations, and status in the Association.

F.2

In advertising services as a private practitioner, the Art Therapist must advertise the services in a manner that accurately informs the public of professional services, expertise, and techniques of counseling available. Information provided to the public must not contain false, inaccurate, misleading, partial, out-of-context, or deceptive material or statements.

F.3

All members of the Association are not to present their affiliation with any organization in such a way that would imply inaccurate sponsorship or certification by that organization.

F.4

Private practitioners should take all necessary steps to ensure proper and safe working environments for their clients; compliance with all Standards of Practice contained within this document; shall maintain accurate and up-to-date records; and shall involve themselves in professional development and continuing education in order to maintain and up-date professional skills.

G. ADVERTISING AND PUBLIC STATEMENTS:

Art Therapists engage in appropriate information activities, including those that enable laypersons to choose Art Therapy services on an informed basis. Public statements include, but are not limited to, communication by means of a publication, directory, television, radio or films.

G.1

When announcing or advertising professional services, Art Therapists may list the following information to describe themselves and the services they provide: name, relevant academic degrees earned from an accredited institution, date, type and level of certification, CATA membership status, address, telephone number, office hours, a brief listing of services offered, an appropriate presentation of fee information, and policy with regards to third party payments. Any additional relevant information may be included if not prohibited by other sections of these Standards of Practice.

G.2

In announcing or advertising the availability of Art Therapy services or publications, members (of any status) do not present their affiliation with CATA or any other organization in a manner that falsely implies sponsorship or certification by that organization. Members do not state CATA membership, professional or otherwise, in a way to suggest that such status implies specialized Professional competence or qualifications.

G.3

Public statements made by members do not contain:

- a) false, misleading or unfair statements
- b) a misrepresentation of a fact or statement likely to mislead or deceive because it makes only partial disclosure of relevant facts
- c) a statement intended or likely to create false expectations of favourable results
- d) a statement comparing offered services for the purpose of devaluing those of other professionals
- e) a statement likely to appeal to a client's fears, anxieties or other emotions concerning the possible results of failure to obtain the offered services

G.4

Art Therapists may represent themselves as specializing in a certain area of Art Therapy practice only if they substantiate it with accurate information about their training and/or experience.

G.5

Art Therapists shall not use the R.C.A.T. following their name unless they are officially notified in writing by the Registration Board of the Canadian Art Therapy Association that they have successfully completed all applicable registration procedures and requirements.

G.6

Art Therapists may not use the Canadian Art Therapy Association's initials or logo without receiving written permission from the Association.

G.7

Art Therapists shall not use a name which is likely to mislead the public concerning the identity, responsibility, source and status of those under whom they are practicing, and shall not represent themselves as being partners or associates of a firm if they are not.

G.8

Art Therapists shall promote, encourage, and facilitate public awareness of the profession with dignity and discretion.

G.9

Art Therapists shall adhere to CATA ethical guidelines in all public lectures, demonstrations, and media presentations.

G.10

Art Therapists shall ensure that all announcements or brochures describing workshops, seminars, or other educational programs accurately identify intended audience, eligibility requirements, educational objectives, applicable fees, and the nature of the material to be covered, as well as the education, training and experience of the Art Therapist(s) presenting the program.

G.11

Art Therapists shall not denigrate, belittle, or reflect negatively on the skills, competence, fees or any other matter of another Art Therapist in any public statement.

G.12

Art Therapists shall be obligated to correct others who may represent the Art Therapist's professional qualifications or associations with services or products in a manner incompatible with these standards.

H. FINANCIAL ARRANGEMENTS:

Art Therapists make financial arrangements with clients, and/or third party payers that conform to accepted professional practices.

H.1

Art Therapists do not offer or accept payment for referrals.

H.2

Art Therapists disclose their fee structure to clients at the onset of treatment and give reasonable notice of any changes in fee structures.

H.3

Art Therapists are careful to represent facts truthfully to clients and third party payers regarding services rendered.

H.4

Art Therapists shall not exploit their client(s) financially.

H.5

Art Therapists shall not charge interest on an account unless the client has been duly notified. Interest thus charged must be in line with the current rates.

H.6.

Art Therapists shall ensure that every effort to collect fees will be done with tact and moderation.

H.7

Art Therapists shall exhaust all other means at their disposal before taking legal action to obtain payment of fees.

I. ENVIRONMENT:

Art Therapists must provide a safe, functional environment in which to offer Art Therapy services. Such an environment should include, but not be limited to:

- a) proper ventilation
- b) adequate lighting
- c) access to water supply
- d) knowledge of hazards or toxicity of any art materials used in the art process, and the subsequent effort needed to safeguard the health of clients and therapist alike
- e) storage space for art projects
- f) secured areas for any hazardous materials used. (It is the Art Therapist's responsibility to be knowledgeable about the hazards of any art materials they are using)
- g) adequate allowance for client's privacy and confidentiality while in session
- h) utilization of 'universal precautions' when working with all clients (see local Health Departments for details)

- i) Compliance with any other health and/or safety requirements in accordance to any Municipal, Provincial, or Federal agencies which serve to regulate comparable businesses.

J. PUBLIC USE & REPRODUCTION OF CLIENT ART:

The Art Therapist obtains written consent from the client for the use of any information, verbal, written, or pictorial acquired within the professional relationship for purposes of publication or education, after fully disclosing to the client the nature of the use of such materials.

J.1

Art Therapists display client art with the written consent of the client or his/her legal representative. Consent is obtained with the recognition of the client's freedom of choice, and appraisal of conditions that may limit freedom of choice. The consent form should indicate a time span that is reasonable for the client as to how long the contract is good for.

J.2

Art Therapists display client art expression in a manner upholding the dignity of both the client and the profession of Art Therapy.

J.3

Art Therapists have the responsibility to interpret client art expression fairly and accurately in a manner that minimizes the possibility of misleading the public and other professionals.

K. TREATMENT PLANNING & DOCUMENTATION.

K.1

Art Therapists are to design and implement treatment plans that assist their clients in maintaining the maximum level of functioning and quality of life that is deemed appropriate for each individual.

K.2

Treatment plans should reflect the client's needs and strengths, and where it is possible, the client should understand the treatment goals and be involved in the formulation of said plans.

K.3

Art Therapists should, where applicable, review treatment plans and goals with their clients on a regular basis, making modifications and revisions where deemed necessary.

K.4

Art Therapists are required to document sessions with clients on an ongoing basis. Progress notes may include the client's current level of functioning; current goals of treatment; verbal associations made during sessions which are deemed relevant to the client's behaviour and goals; a record of the visual images relevant to the client's behaviour and goals; changes in affect, thought process and/or behaviour; lack of change in affect, thought process and/or behaviour. Suicidal,

homicidal, self-harming intent or ideation and disclosures of abuse as mandated by laws must accurately be recorded in the progress notes.

K.5

It is recommended for Art Therapists to complete a discharge and/or transfer summary for each client pertaining to the client's response to treatment and reflecting the therapist's recommendations for future treatment.

K.6

Art Therapists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Art Therapists maintain - and dispose of records in accordance with law and in a manner that permits compliance with the requirements of these Standards of Practice.

K.7

Art Therapists make plans in advance so that confidentiality of records and artwork is protected in the event of the Art Therapist's death, incapacity, or withdrawal from the position or practice.

K.8

Clinical notes and professional records shall be made with sensitivity to the possibility of being examined as evidence in legal proceedings, recording only what is necessary for clarity of the issues to be addressed therapeutically, either by the individual therapist or the clinical team.

K.9

Art Therapists shall make provisions for maintaining confidential client treatment records for a reasonable amount of time in accordance with Provincial and Federal regulations and sound clinical practice. Records must be stored and/or disposed of in a manner that maintains confidentiality.

L. COMPLAINTS & DISCIPLINARY PROCEDURES:

L1. When apprised of an ethical violation or an act derogatory to the profession, Art Therapists shall informally attempt to resolve the issue by bringing it first to the attention of the Art Therapist or member in question; failing this or when inappropriate, this complaint can be brought to the attention of the Ethics Chair and/or to the Canadian Art Therapy Association Executive. Acts derogatory to the profession include:

- a) failure to maintain professional objectivity with a client, i.e. seeking social and/or sexual contact with the client; seeking to fulfill emotional needs within the therapeutic relationship;
- b) counseling or encouraging a client to commit an illegal or fraudulent act;
- c) claiming fees for professional services not rendered,
- d) issuing a receipt or other document indicating falsely that certain services were rendered;
- e) claiming a sum of money from a client for professional services that are to be paid for by a third party, unless

there is a formal agreement between the Art Therapist, the client, and the third party;

- f) billing a client for any communication where the client, or a person acting on the client's behalf, requests information concerning a complaint filed with the Association;
- g) communicating with a plaintiff without written permission from the Association after a complaint has been served and an inquiry into the Art Therapist's professional conduct is pending;
- h) failure to inform the Association as soon as possible of a person using the title of Art Therapist under false pretenses;

L.2

A person who wishes to initiate and file a formal complaint regarding a member of CATA must first request the Ethics Committee Complaint and Inquiry Form from the Ethics Chair and complete and return all necessary documentation.

L.3

Upon receipt of a written complaint, the Ethics Committee shall review all aspects of said complaint to determine what course of action be taken should it be required.

L.4

Unacceptable behaviour is defined as:

- a) Misconduct: failure to meet the ethical standards of the CATA;
- b) Incompetence: a pattern of behaviour that demonstrates a lack of knowledge, ability, capacity or fitness to practice in a particular setting.

L.5

The Disciplinary Hearing may request corrective action which may constitute:

- a) A remedial program of compulsory education and/or compulsory supervision by an agreed upon RCAT for a period not to exceed six months and/or appropriate treatment;
- b) A formal reprimand to be issued against the member;
- c) Revocation of CATA membership to be imposed upon the member.

L.6

At any time prior to either the Ethics Committee or the Disciplinary Committee resolving the complaint, respondent may apply in writing to the Chair to participate in a remedial program on their own undertaking. If the Ethics Committee accepts this request, it shall adjourn the investigative process and shall advise the respondent and complainant accordingly. If the respondent does not satisfactorily complete the accepted remedial program, the Ethics Committee may reinstitute the complaint or disciplinary process and shall so advise the respondent and the complainant.

L.7

Within thirty days of receipt of the decision, the respondent or complainant who is dissatisfied with the outcome may initiate an appeal to the Executive. The appeal must be in writing, state the grounds for the appeal and be delivered to the President.

**L 8
COMPLAINT AND INQUIRY FORM FOR THE
CANADIAN ART THERAPY ASSOCIATION**

YOUR NAME:

YOUR ADDRESS:

YOUR PHONE NUMBER:

YOUR PROFESSIONAL BACKGROUND
(IF APPLICABLE TO THE CASE):

NAME AND ADDRESS OF ART THERAPIST ABOUT
WHOM YOU HAVE CONCERNS:

DESCRIBE YOUR RELATIONSHIP TO THE PERSON
ABOUT WHOM YOU HAVE A COMPLAINT?

PLEASE DESCRIBE THE NATURE OF YOUR
COMPLAINT AS FULLY AS POSSIBLE.

HAVE YOU DONE ANYTHING THUS FAR TO DEAL
WITH THIS ISSUE? IF SO, WHAT STEPS HAVE YOU
TAKEN?

(PLEASE NOTE THAT THE PARTY ABOUT WHOM
YOU HAVE MADE A COMPLAINT WILL BE SENT A
COPY OF THIS FORM)

DATE: _____

SIGNATURE _____

PRINTED
NAME _____

The entire document has been adopted by the Canadian Art Therapy Association as a definition of standards to be followed by its members. The Canadian Art Therapy Association respectfully acknowledges the influence of other professional organizations and their ethical statements in the preparation of this document. Portions of the CATA Standards of Practice have been adapted from and influenced by:

- The American Art Therapy Association,
- The British Columbia Art Therapy Assoc.,
- Association Art Therapeutes Du Quebec,
- The Feminist Therapy Institute,
- Canadian Association for Child & Play Therapists,
- American Psychological Association,
- Marriage and Family Therapy Association.

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