



CANADIAN ASSOCIATION FOR PLAY THERAPY (CAPT)

CODE OF ETHICS

Part I – Preamble Code of Ethics

- 1) This Code of Ethics applies to all CAPT members, regardless of their membership status, in their pursuit of professional activities.
- 2) It should be emphasized that integrity, competence, confidentiality, responsibility and other applicable ethical standards are not always subject to finite descriptions that addresses every situation that may arise. Members of the CAPT, this encompasses all conduct and all aspects of their professional work, are expected to act according to general principles of ethical practice that may not be directly dealt with in the Code of Ethics. Instances where grievances are filed with the organization will therefore be investigated on the merits of each set of circumstances and will be evaluate both on the specific points of this document and on the basis of general principles of ethical conduct. Furthermore, since ethical dilemmas frequently arise when there is conflict between two or more ethical precepts, it is necessary to evaluate such cases on the basis of interpretation of this Code in the context of each situation.
- 3) The Purpose of the CAPT Code of Ethics and its Ethics Committee is to provide and maintain ethical standards for professionals and to guide and protect members of the public seeking services in this field. The codification of these principles should not be viewed primarily as disciplinary in intent. The underlying objective is to enhance and advance the growth of play therapy in the highest professional form. CAPT members should not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.
- 4) Members of the CAPT must in the course of their practice abide by all the laws and regulations of the jurisdiction within which they reside. In the event that there is any conflict between the requirements of the law and this Code of Ethics, the law of the land shall prevail. As well as the Code of Ethics of the Colleges that they are license with and are accepted by CAPT and that they are active members of, for example the College of Social Workers, College of Psychotherapists, College of Psychologist, etc. supersedes the CAPT code of ethics.
- 5) Any member who is found to be in breach of any provision in the Code of Ethics shall be deemed to have engaged in unethical conduct, and as such they may be subject to disciplinary proceedings as set out in the Procedures for investigation of Complaints Against CAPT Members.

Part II – Competence

- 6) It is the ethical responsibility of every therapist to maintain high standards of professional competence and integrity.
- 7) Prerequisites for practicing play therapy include professional education and training demonstrated competence in a clinical field.
 - a) Competence in another primary discipline such as psychology, psychiatry pediatrics, family therapy, marriage counselling, social work or education is an asset but is not considered being equivalent to competence in play therapy.
 - b) Training in play therapy must always include supervised clinical experience in the practice of child and play therapy.
 - c) Play therapists should possess expertise in a number of specific areas.
 - d) Play therapists should possess information and knowledge in the following areas:
 - i) History of Play Therapy, different modalities and Play Therapy process
 - ii) Non Directive Play Therapy
 - iii) Theory and practice of Trauma and working with Traumatized children
 - iv) The theory of Abuse and how to work with abused children
 - v) The impact of Adverse Childhood Experiences (ACES) on childhood and adolescent development
 - vi) Theory of Bereavement & Loss and how to use Play Therapy to work with children
 - vii) Child development including psychosocial, physiological and sexual development
 - viii) Marital and family dynamics
 - ix) Behavioral disorders and psychopathology
 - x) Ethical issues in play therapy
 - xi) Child welfare and family law
 - e) Play therapists should possess knowledge and clinical skills relevant to the following:
 - i) Assessment & Treatment process
 - ii) Family Play Therapy
 - iii) Group Play Therapy
 - iv) Filial Play Therapy
 - v) Theory, practice and process of Theraplay
 - vi) Theory and practice of Sandtray
 - vii) Brain research and how it is relevant to the Play Therapy Process

- viii) Attachment Theory and treatment process
 - ix) Theory and Treating Anxiety
 - x) Use of and practice of Storytelling in the Play Therapy Process
 - xi) Principles of outcome evaluation
- 8) Recognizing the limits and extent of one's professional competence and seeking consultation or making an appropriate referral when needed is an integral part of professional competence.
- 9) Therapists are expected to continue to develop professional growth by participating in continuing education, reading professional journals and attending workshops, training and conferences. Therapists are also expected to maintain knowledge of current developments in their field.
- 10) Credentials alone do not give evidence of full competence. The proof of competence is the ability to provide skilled, responsible service to clients and it is the responsibility of the therapist to ensure they provide their clients with this service.

Part III – Integrity

- 11) CAPT members should conduct all of their professional activities with integrity. This is crucial to the development of trust between therapist and client, and it is necessary to maintain the confidence of the public in the profession.
- 12) Competence and integrity are interrelated qualities that are both requisite to the responsible provision of service to others. Competence without integrity or integrity without competence is an unsatisfactory compromise of professional integrity as related to professional competence.
- 13) Therapists must provide complete disclosure in an honest and accurate manner that describes their education, training, experience, professional affiliations, competence and the nature of their services to all clients and prospective client
- 14) Therapists should not enter into association for professional practice with unqualified or incompetent persons.
- 15) Therapists should not make referrals to unqualified or incompetent persons. It is the responsibility of the therapist to verify the competence and integrity of the person to whom the clients are referred.
- 16) If a therapist, because of emotional, mental or physical impairment, cannot provide competent, responsible service, they should seek appropriate professional consultation or treatment and refrain from professional activities while necessary.
- 17) Play therapists do not diagnose, treat or advise on problems outside the recognized boundaries of their competence.
- 18) CAPT members who possess knowledge of breaches of this Code of Ethics by other members of the Association are under a duty to report what they know to the appropriate authority (certifying or licensing board, organizations' ethics' committee,

etc.) if the other member's conduct or competence falls below accepted standards such that continued treatment by the member becomes detrimental to the well-being of any of that member's clients. The reporting of all other ethical breaches shall be left to the discretion of the individual member.

- 19) The CAPT will not be concerned with the purely private and extra-professional activities of a therapist unless such activities call into question the therapist's professional integrity or competence.

Part IV – Confidentiality

- 20) The intimate, personal nature most people attach to clinical information requires the therapist to exercise extraordinary precautions in protecting the confidentiality of knowledge gained in the course of evaluation, treatment and follow-up of clients. Therapists should endeavor to inform clients in advance of establishing a therapist-client relationship of the circumstances under which confidential information may be divulged. Therapist must abide to one or both of the following Acts that is related to where they live and practice.

PIPEDA applies to private sector organizations across Canada that collect, use or disclose personal information in the course of commercial activity.

Canada's federal law called the Personal Information Protection & Electronic Document Act. (PIPEDA) while similar to the Health Insurance Portability and Accountability Act (HIPAA) there are some significant differences, are in place to protect the public, specifically clients.

HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouse, and those health care providers that contain health care transactions electronically.

The law defines a commercial activity as any particular transaction, act, or conduct, or any regular course of conduct that is of a commercial character, including the selling, bartering or leasing of donor, membership or other fundraising lists.

Alberta, British Columbia and Quebec have their own private-sector privacy laws that have been deemed substantially similar to PIPEDA. Organizations subject to a substantially similar provincial privacy law are generally exempt from PIPEDA with respect to the collection, use of disclosure of personal information that occurs within that province.

Ontario, New Brunswick, Nova Scotia, Newfoundland and Labrador have also adopted substantially similar legislation regarding the collection, use and disclosure of personal health information.

- 21) There is a general responsibility on the part of therapists to treat all information received in a therapist client relationship as confidential, even if some portions of the information appear trivial, irrelevant or does not require confidentiality.
- 22) Information received by the therapist from a client or prospective client or from diagnostic evaluation, treatment or follow-up of a client may be divulged to the extent required only in the following circumstances:
- 23) As mandated by law;
 - a) When the client provides written consent (except when the information has been obtained from another person whose privacy would be violated by unauthorized disclosure). Special precautions should be taken when the release of confidential information has a high risk of being harmful to the client.
 - b) When there is a clear and imminent serious danger to the life or safety of an individual and when no other reasonable alternative can be found. In such an instance, disclosure should be made only to appropriate family members, public authorities or professional workers. In assessing the necessity for such action, it is advisable for the therapist to consult with other professionals including a lawyer, as long as the consultation protects the identity of the client involved.
 - c) When such information is required to defend the therapist, employees or associates of the therapist, or the institute or employer of the therapist against formal accusation (for example, court proceedings or hearings of an organizational ethics committee) by the client of wrongful conduct.
- 24) A therapist may discuss, in professional manner information about a client or matters related to the evaluation, treatment or follow-up of a client for purposes of consultation with professional colleagues when there is reasonable assurance that the identity of the client will not be disclosed.
- 25) A therapist should not disclose having been consulted or retained by a particular person about a particular matter unless the nature of the matter requires such disclosure.
- 26) Play therapists may use clinical materials in teaching, writing and public presentations only if a written waiver has been received in accordance with section 24(b), or when appropriate steps have been taken to protect client identity.
- 27) When therapy is done in a group format, special and complex circumstances pertaining to confidentiality may apply. It is important for therapists to recognize this risk and inform prospective clients of it. Group therapy leaders should remain alert to the

potential loss of confidentiality when other clients, not bound by professional ethics, may learn information of a private, intimate or secret nature.

- 28) All considerations related to confidentiality in the therapist-client relationship continue after the termination of this relationship.
- 29) Therapists must store clients' records in ways that maintain client confidentiality. The records must be kept for ten years or ten years after their 18th, birthday.
- 30) Given the unique relationship between a therapist and a child, the above guidelines apply even though a child is not of legal age. The general principle is that therapists should respect the confidentiality of information received and not release information to parents, other family members, teachers or other guardians without the permission of the child.
- 31) The written consent of the child to the release the information is highly recommended in the case of older pre-teens and children over the age of twelve. Consent to the release of information may also be obtained from a child's legal guardian. It should be noted, however, that the rules in section 24 about the release of client information apply equally to child and adult patients.

Part V – Conflict of Interest

- 32) Play therapists should be aware that they can have a high degree of influence on their clients. This is appropriate in the context of a therapist-client relationship, but the effectiveness of treatment can be compromised if a therapist has personal or business relationships with the client or the client's family members outside of the therapist-client setting. Furthermore, there is a risk that the client may be exploited or the therapist's judgment may be impaired by such personal or business relationships. Therapists must therefore make every effort to avoid dual relationships with clients.
- 33) The client's benefit should be the first priority of any therapy. A therapist should not use his or her therapeutic relationship to further personal, religious, political or business interests which conflict with the goals of the therapy.
- 34) If a therapist has any personal or professional relationships which could adversely affect their ability to provide treatment to a client, the therapist must either disclose the fact in a timely fashion to the client or cease to provide professional services and make an appropriate referral. The client may still choose to receive service from the therapist, but the client's decision must be based on informed written consent.
- 35) Therapists should be mindful of the special problems attendant upon treating the children of their employees, relatives, business associates, students or trainees, close friends or their own family. This could result in a loss of objectivity, a disclosure of confidential information, and/or a change in the context of social relationships.

Part VI – Therapist-Client Relations

- 36) Fees and costs should be discussed freely and openly with prospective guardians of child clients. Arrangements for payment should be completed at the beginning of establishing a client-therapist relationship.
- 37) The therapist who undertakes to provide service for a client should do so personally and should not delegate the task to anyone else without the written consent of the client. This rule applies regardless of the credentials of the person to whom the work would otherwise be delegated.
- 38) Play therapists should attempt to obtain a signed consent to treatment from any child over twelve years of age who is under the therapist's care. Consent to services may also be obtained from a child's legal guardian. In the case of a client that is twelve years of age or less, the therapist should obtain a signed consent for the treatment from the child's custodial parent or official guardian. Except in the case of very young children the therapist should inform a child client of the nature of the services to be performed.

Part VII – Withdrawal of Services

- 39) Therapists should continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.
- 40) Therapists should assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to see a person who has requested professional help.
- 41) Therapists should not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment or if by continuing it is counterproductive or even deferential to continue.

Part VIII – Non-Discrimination

- 42) CAPT members do not have to provide service to everyone who requests it of them, but they may not refuse professional service to anyone on the basis of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.
- 43) CAPT members should treat their colleagues and associations in related fields with respect and courtesy, and shall not discriminate against them on the basis of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social

situation. A member must not, for example, refuse to make a referral to another professional solely on the basis that that person is a member of one of the above mentioned groups.

- 44) CAPT members must not discriminate against their employees, students or trainees on the basis of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation. This applies to the process of hiring and firing individuals, as well as the granting or withholding of any form of benefit or advancement. As well in the case of the therapist being a supervisor, they cannot discriminate against their supervisees or refuse to supervise as it relates to the all of the above discrimination areas.

Part X – Sexual Harassment

- 45) For the purposes of this Code of Ethics, “sexual harassment” shall mean any unwelcome conduct of a sexual nature that detrimentally affects the victim’s employment status, work performance, therapist-client relationship or sense of personal dignity.
- 46) Sexual harassment includes, but is not limited to, behaviour such as:
- a) Any sexual solicitation or making unwelcomed advances directed at an individual by a person who knows or who ought to know or should be reasonably expected to know that this attention is unwanted.
 - b) The implied or expressed imposition of job or treatment-related consequences associated with a sexual solicitation or unwanted or unsolicited advances
 - c) Demeaning comments or jokes or a sexual nature directed at an individual or group made after the perpetrator has been advised that such comments or jokes are offensive, embarrassing and/or unwanted
 - d) Inappropriate or uncalled for comments or inquiries about an individual’s dress, body or sex life
 - e) Unnecessary and unwanted touching of a sexual nature
 - f) Unnecessary and unwanted non-verbal gestures of a sexual nature
 - g) Requests for sexual favours
 - h) The display of sexually obscene or offensive objects or pictures
 - i) Derogatory or degrading comments directed at members of one sex or sexual orientation
 - j) Sexual assault
- 47) Sexual harassment is offensive, degrading and threatening in all settings, and it is extremely inappropriate and destructive in the context of a therapist-client relationship.

All individuals having contact with play therapists should be confident that they can come forward and be free from all forms of sexual harassment.

- 48) The CAPT will not tolerate any of its members engaging in any form of sexual harassment and will take appropriate disciplinary action to address any complaints that are made against CAPT members.
- 49) This policy shall apply to all CAPT members in the course of their professional activities. This shall include, but not be limited to, the interaction of a therapist, and their employees, clients colleagues and/or professional contacts.
- 50) Any person who feels that they were sexually harassed by a CAPT member should submit a written complaint to the Ethics Committee of the CAPT. The Ethics Committee may not investigate an allegation of sexual harassment in the absence of a written complaint.
- 51) Upon the receipt of a written complaint, the Ethics Committee shall launch an investigation, give the member an opportunity to respond, and hold a hearing into the matter. The exact procedures for dealing with complaints are set out in the Procedures for Investigation of Complaints Against CAPT Members.

Part V – Advertising

- 52) Play therapists must accurately represent their competence, education, training and experience relevant to their particular areas of expertise.
- 53) Therapists should ensure that advertisements and publications, whether in directories, announcement cards, newspapers, radio or television are formulated to convey information that is necessary for the public to make an appropriate selection. Information should include:
 - a) office information such as name, address, telephone number, fee structure, languages spoken and office hours;
 - b) appropriate degrees, professional licensure and/or certification, and CAPT certification status; and/or description of practice
- 54) Therapists shall not use a name which could mislead the public concerning the identity, responsibility source and status of those practicing under that name and shall not hold themselves out as being partners or associates if they are not.
- 55) Therapists may not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it:
 - a) contains a material misrepresentation of fact;

- b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
 - c) is intended to or is likely to create an unjustified expectation
- 56) Wherever possible, therapist correct false, misleading, or inaccurate information and representations made by others concerning the child and play therapist's qualifications, services, or products.
- 57) The Canadian Association for Play Therapy is the sole owner of its name, its logo and the abbreviated initials CAPT Use of the logo is limited to the Association or in specifically approved situations authorized in writing by the Association (e.g.: co-sponsored conferences or workshops). Therapists may not use the initials CAPT following their name in the manner of an academic credential.

UPDATED JUNE 19, 2021 WITH APPROVED OF THE CAPT BOARD OF DIRECTORS