

SANDTRAY THERAPY CODE OF ETHICS

Australia 2023

This document has
been developed by
Sand Therapy
Industry Committee
Members

Mission

To promote the ethics, development and practice standards of education and training in all the disciplines of the sand therapy techniques. These are known as Sandtray Therapy therapies and include Sandtray Play & Sandtray.

We respect and support the diversity of approaches within the field. We support a united training standard for current and emerging practitioners, to foster professional identity, support training and research, and ensure public accountability.

This document has been re-developed based on the American Counselling Association (2014) Code of Ethics and re-developed to support the Sandtray Therapy/Practitioner Code of Ethics in Australia 2023.

This document has been approved by the Sandtray Therapy Association of Australia industry committee members.

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Sandtray Therapy Code of Ethics & Practice Standards

Purpose

The Sandtray Therapy Practitioner Code of Ethics serves six main purposes:

1. The Code sets forth the ethical obligations of SANDTRAY THERAPY PRACTITIONER Training and provides guidance intended to inform the ethical practice of professional Sandtray Therapists.
2. The Code identifies ethical considerations relevant to professional Sandtray Therapists and Sandtray Therapists-in-training.
3. The Code enables the industry to clarify for current and prospective practitioners, and for those served by practitioners, the nature of the ethical responsibilities held in common by its practitioners.
4. The Code serves as an ethical guide designed to assist practitioners in constructing a course of action that best serves those utilizing Sandtray Therapy services and establishes expectations of conduct with a primary emphasis on the role of the professional Sandtray Therapist.
5. The Code helps to support the mission of SANDTRAY THERAPY PRACTITIONER.
6. The standards contained in this Code serve as the basis for processing inquiries and ethics complaints concerning SANDTRAY THERAPY PRACTITIONERS.

The SANDTRAY THERAPY PRACTITIONER Code of Ethics contains nine main sections that address the following areas:

Section A: The Sandtray Therapy Relationship

Section B: Confidentiality and Privacy

Section C: Professional Responsibility

Section D: Relationships with Other Professionals

Section E: Evaluation, Assessment, and Interpretation

Section F: Supervision, Training, and Teaching

Section G: Research and Publication

Section H: Social Media Section I: Resolving Ethical Issues

Standards of training to comply with expectations of Associations, Industry and Clients. To be deemed as a qualified Sandtray Therapist a practitioner will need to satisfy current and relevant training competencies, client contact hours and supervision.

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Each section of the Sandtray Therapy Practitioner Code of Ethics begins with an introduction. The introduction to each section describes the ethical behaviour and responsibility to which Sandtray Therapists aspire. The introductions help set the tone for each section and provide a starting point that invites reflection on the ethical standards contained in each part of the Sandtray Therapy Practitioner Code of Ethics. The standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities. Sandtray Therapist or Practitioner will be the term used to describe a person who is in Private Practice, working in Government or with other stakeholders, using an indoor sand tray, sand, water and sand tray miniatures working with clients across the life span and has completed training in a cognizant field of mental health and undertaken recognised training in Sandtray Therapy. The training standards will be outlined within this document.

History of Sand Therapies

This document refers to Sandtray Therapy this also covers the titles of practitioners referring to themselves as Sandtray, Sand tray, Sandplay, Sand Play and Sand Therapists or Practitioners. There are two main streams of Sandtray Therapy that have developed over the years beginning with Sandtray also known as The World Technique. This was developed by Dr Margaret Lowenfeld, child psychiatrist (1920's). This method is assessable, measurable and integrates cross- theoretical frameworks and approaches. Sandplay Therapy is based on the model as developed by Dora Kalff which is based on Jungian Archetypes, symbols and mythology. The theoretical bases stems from the Kalffian model of Sandplay analysis and Jungian theory.

When Sand Therapists combine the philosophies of both these methods and adapt them to their current theoretical model of practice then this is known as Integrative Sand Therapy. Not all therapists will use the sand integratively by combining these methods but will align their practice to Sandtray or Sandplay. However, in the instance of the code of ethics and practice standards there will be little if no difference and the integrative therapists would be well served to utilise the guidelines within this document.

When therapists are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Sandtray Therapists acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards. Sandtray Therapists' actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so Sandtray Therapists are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, Sandtray Therapists work collaboratively with clients to make decisions that promote clients' growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

Sandtray Therapy Practitioner Code of Ethics Preamble

The Sandtray Therapy Industry Committee advocate for the ethical understanding of Sandtray Therapy in a therapeutic setting and to unite the industry with Standards and a Code of Ethics. Sandtray Therapy involves a professional relationship that empowers diverse individuals, families,

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and groups to accomplish mental health, wellness, education, and career goals. Professional values are an important way of living out an ethical commitment.

The following are core professional values of the Sandtray Therapy profession:

1. enhancing human development throughout the life span; 2. honouring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; 3. promoting social justice; 4. safeguarding the integrity of the Sandtray Therapist–client relationship; and 5. practicing in a competent and ethical manner and 6. allowance for the creative expression of the human condition.

These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behaviour and decision making. The fundamental principles of professional ethical behaviour are

- autonomy, or fostering the right to control the direction of one’s life;
- non-maleficence, or avoiding actions that cause harm;
- beneficence, or working for the good of the individual and society by promoting mental health and well-being;
- justice, or treating individuals equitably and fostering fairness and equality;
- fidelity, or honouring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships; and
- veracity, or dealing truthfully with individuals with whom Sandtray Therapists come into professional contact including giving voice to those who have been silenced through non-verbal expression in the sand tray.

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Standards for Credentialing of a Specialist Sandtray Therapy Practitioner

For a Sandtray Therapist to use the wording 'Sandtray Therapist' or claim accreditation as a Qualified Sandtray Therapist ALL the following must be adhered to:

Student Membership (S-STTAA) - Student membership is free for all students completing a recognised qualification or certified course. As a student member, if you are enrolled into a recognised training provider you may be eligible for student insurance for your placement (client contacts) and access to the STT Code of Ethics and Practice Standards.

Certified Sandtray Therapist (C-STTAA) – Completed 400-600 hours of sand therapy specific education, minimum 40 hours of client contact experience and minimum 10 hours of sand therapy specific supervision.

Professional Certified Sandtray Therapist (P-STTAA) – Completed Clinical level education 1200 hours of Sandtray therapy specific education, 120 client contact hours and 50 hours of sandtray specific supervision.

Master Sandtray Therapist (MA-STTAA) – Completed a Sandtray Therapy Qualification or equivalent, completed more than 1200 hours of sand therapy specific education and 1,500 hours of client contact experience. May deliver supervision.

Affiliate Membership (A-STTAA) – Educator in the field of Sandtray Therapy, you will be contributing to the field through research and education or have an interest in Sand therapy which benefits the association. Affiliate members can deliver sand therapy specific PD

Training Content

2. Training must adhere to the Sandtray Therapy Code of Ethics and Practice Standards
3. Modules/Units must include Developmental theories throughout the lifespan, Evidence-Informed Research as applied to Sandtray therapy and Symbol Work in Sandtray Therapy.
4. Training should be delivered/assessed by a qualified trainer who has a minimum of 5 years' experience in Sandtray and/or Sandplay.
5. Assessment for each module/unit must have at least 1 assessment task. These will need to be completed competently to qualify for level 1 membership certification.
6. Tertiary level completed training 400 – 600 hours (Certificate level x 4 units) will automatically give Sandtray Therapist membership certification.
7. Industry Consultation must be undertaken throughout the life of a Specialist Training course with continuous improvements in place.
8. Supervision for students must be included in course as a minimum of 10 hours per 50 client contact hours.

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Kalffian Sandplay training will have different training requirements and most therapists seeking Sandplay training will only use the term Sandplay Therapist. They will need to adhere to Sandplay Code of Ethics when training requirements differ.

The Lowenfeld Trust

The Lowenfeld World Technique Dr Margaret Lowenfeld,

It is a welcome sign of the life of the ideas embodied in this technique that other workers are now experimenting with modifications of it. This memorandum is called the Lowenfeld World Technique in order to make clear that it is with the original and basic technique that we are here concerned.

<http://lowenfeld.org/>

Original Resources List

The following has been taken from Margaret Lowenfeld's original resources list and recommendations:

1a Resources

Resources include an indoor sand tray, clean sand, access to water, a variety of sand tray miniatures. Sand trays - These can be of a variety of sizes, shapes and commonly the inside of a tray is painted blue. Plastic trays are acceptable.

Sand – Clean sand, washed play sand, Sydney sand are some of the available resources. Kinetic sand is also now commonly accepted.

Sandtray Miniatures – sandtray miniatures are listed however any good training will give out resources to their trainees on the types of miniatures needed to complete the theoretical models.

*Kalffian model has specific sand tray measurements and requirements for therapists and will use the term archetypes, symbols and images for sandtray miniatures.

The Tray: *This can be either of metal, or of wood with a metal lining, painted blue inside. The inside dimensions should be 75cm. x 52cm. with a depth of 7cm. It is essential that the tray be waterproof. It has been found important in this technique, to provide an arbitrary boundary which focusses the attention and limits the output of the maker at any one session.*

NB: In certain countries it has become customary to provide for children's' use what is termed a 'sand box' and this is sometimes used as the tray for a World basis. It is usually however both too large and too deep for satisfactory use in the technique.

The tray should be placed on a table of a height suitable for the maker and of a size slightly larger than the tray, thus providing a space on which objects may be placed during the construction of a World.

Sand: *This should be of medium coarseness, and it is valuable, if possible, to have sand of two colours and two grades of coarseness. The tray should be presented with the sand roughly even, the quantity being sufficient to half fill the tray. Facilities should be provided to make possible the use of sand. Wooden spoons, shovels etc. should be available.*

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Water: This should be available, preferably in two cans or jugs small enough to prevent accidental flooding.

Amorphous Material: A box of amorphous objects should always be available and should contain bricks, rubber tubes of various lengths and widths, funnels, small shallow tins (for making ponds etc.), coloured stick and slats etc.

The Cabinet for World Objects: This should be of convenient size for children to use and preferably composed of many shallow drawers which can be clearly labelled according to the contents of each drawer, and which only reveal their contents when separately drawn out, thus making it impossible for an overwhelming variety of objects to be visible simultaneously. With this proviso, it is hardly possible to have too large a variety of objects in the World cabinet, since individual variations and subtleties of experience constantly impel subjects to demand specific objects.

World Objects

The collection of World Objects should be as complete and as varied as possible, but as the worker using the technique is usually dependent for the supply of material upon the retail shops of the country in which the work is being carried out, the detail of each class of material inevitably changes from time to time as new objects appear on the market and older models disappear. It is therefore important (a) that the basic classifications of the material should be clearly grasped so that the relative values, in relation to the rest, of different objects commercially produced, can be correctly assessed, and (b) that a constant watch be kept on retail shops so that missing categories can be supplied as and when they become available. Broken and partly damaged objects are valuable and should be kept.

Catalogue of World Objects or Sandtray Miniatures

People –

Old men Grandfather 'wise old man 'old age' retirement from active life' Rural Farmers- middle age, usually stout and comfortable looking Father authority, Rural Labourers- with animals or with farm tools, City civilians Father; teacher; authority; 'men' in general, youths, scouts- hikers etc. on 'motor bicycles' etc. Brothers; schoolmates Men in specific occupations: Clergy and priests Religion' morality, ritual 'Splendid people' men in historical costumes History, splendour; social position; glory Doctor and stretcher bearers, ambulance men Accidents, Teachers in gowns Policemen Fireman Postman City Technicians Diver Burglars and robbers station masters, porters, barbers, people on a station

Children of all ages, standing and sitting, siblings, school friends, gangs

Circus people, including acrobats, clowns, ring-maser, the band, including performing animals

Phantasy Figures; Witch; wizard; dwarfs; giants, Knights in armour (mounted and on foot) 'Spacemen/women' and other Disney characters, Toreador and bull fighter; Vikings, Robin hood and other super heroes and heroines, Dragons etc.

Domestic Animals; Cows and calves- sheep and lambs Bulls and rams Horses and foals (riding and farm horses) Donkey Goat, Pigs, sows, piglets Cocks, hens, chicks, Angry geese and turkeys Swans Rabbits- wild and tame pets Dogs (of many varieties large and small) Pets Cats and kittens

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Wild Animals; Lion Tigers; panther; leopards; hyenas; jackals; foxes; Bears Hippopotamus Rhinoceros Bison Gorillas Snake and pythons Crocodiles, Elephant Giraffe Kangaroo Camels Monkeys Deer Hares Lizard Tortoise and Turtle; fish Sea lions; seals

Birds; Eagle and Vulture Stork Significance Penguins Owls

Countryside Trees wood and jungles oaks, elms, etc., with foliage palms, Conifers Dead trees or ones without branches; logs Phantasy trees, Xmas trees, flowering trees, etc. Bushes & Hedges, flowers, Grass (flat pieces of green)

Fences, Bridges, Gates, etc. Rural fences, with and without gates, bridges Metal railing for Zoo etc., turnstiles Railway bridges and other

House Ordinary houses in various size (country and town); churches; school; hospital; prison; public buildings as post office, etc. Shops (market stalls Manor house, castle Burnt-out or bombed houses Tents. There should be sufficient houses in number and variation, to lay out villages, streets, towns

Furniture, farm and garden equipment, etc. Interior and exterior furniture a) School: Desks, blackboard, children fitting into the desks etc. b) Cafes: Tea gardens: small tables, chairs, benches c) House: Furniture of any sort of suitable size, including fires d) Hygiene: lavatories, baths, vacuum cleaner e) Food: any reproduction of food of suitable size f) Garden: Wheel barrows, spades, forks, rakes, watering cans, garden roller, a number of ladders of different sizes g) Farm: Drinking troughs, haystacks, beehives, pigeon cotes, hen coops, dog kennels, etc. h) Wells i) Children's playground equipment; fairs

Transport Road Transport Mechanical Fire Engine Police car; ambulance; break-down van, dust cart, caravan Buses and coaches Delivery vans; furniture removal vans petrol lorries, etc Ordinary passenger cars; racing cars Lorries covered and uncovered, tip-up lorries Motor-bicycles, aeroplanes, rockets, bulldozer, different cars, tractors etc.

Non-mechanical Horse-drawn vehicles of all sorts and size, including, Gypsy caravan, wedding carriage Hay cart; milk cart; coal cart; ice cream cart; etc. West American stagecoach; golden state coach Travelling circus carts (cages), bicycles and tandems

Road Signs etc Petrol pumps, road lamps, traffic lights; telephone poles Road signs of all sorts, milestones Telephone boxes; police boxes, newspaper kiosks

Military Road Transport Tanks, armoured cars, jeeps, mobile guns Caterpillar transports, military transport lorries

Sea Transport Ships should include the following types: - Naval vessels of all available kinds including submarines Large liners Small steamers, sailing boats, rowing boats, Red Indian canoes

Lighthouses of all shapes and sizes, including lights that turn on

Miscellaneous

1) Broken toys of all kinds (mutilated objects; part objects are of great importance and should always be available) 2) At every period there become available commercial objects of passing interest (for instance in a current film or event) which are worth adding to the collection 3) From time to time special objects become available from foreign countries which are valuable for giving a feeling of 'otherness' 4) Gallows, scarecrows, appear occasionally and are useful 5) Grotesque and gross objects of all kinds

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Sandtray Therapy Resources Portable

Today many therapists work in schools, hospitals and other areas where they need to maintain resources that are portable. This may include kinetic sand in a plastic tub with a lid and sandtray miniatures in plastic containers. It is up to the integrity of the therapist to keep their resources clean, current and safe for the client group they are working with.

Portable sand trays are generally of the size available at the time of purchase and unlike Kalfian Sandplay there is no precise specification required, only recommended. See page 6, The Tray.

It is not expected that a portable resource contains all the objects, but a selection of objects or sandtray miniatures specific for the age or developmental age of clients.

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Section A Sandtray Therapy Relationship

Introduction

Sandtray Therapists facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the Sandtray Therapy relationship, and Sandtray Therapists have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Sandtray Therapists actively attempt to understand the diverse cultural backgrounds of the clients they serve. Sandtray Therapists also explore their own cultural identities and how these affect their values and beliefs about the Sandtray Therapy process.

A.1. Client Welfare

A.1.a. Primary Responsibility

The primary responsibility of Sandtray Therapists is to respect the dignity and promote the welfare of clients.

A.1.b. Records and Documentation

Sandtray Therapists create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, Sandtray Therapists include sufficient and timely documentation to facilitate the delivery and continuity of services. Sandtray Therapists take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, Sandtray Therapists take steps to properly note the amendments according to agency or stakeholder policies including the recording of photos as the client series.

A.1.c. Sandtray Therapy Treatment Plans

Sandtray Therapists and their clients work jointly in devising Sandtray Therapy treatment plans that offer reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Sandtray Therapists and clients regularly review, and revise Sandtray Therapy plans to assess their continued viability and effectiveness, respecting clients' freedom of choice. In outline of a treatment plan the client would be on a continuous plan to build sand worlds, explore the symbols and meanings with therapist and begin to understand the psychotherapeutic nature of expressive Sandtray therapy as a treatment plan.

A.1.d. Support Network Involvement

Sandtray Therapists recognise that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., Other NDIS providers, religious/spiritual/community leaders, family practitioners, friends) as positive resources, when appropriate, with client consent.

A.2. Informed Consent in the Sandtray Therapy Relationship

A.2.a. Informed Consent

Clients have the freedom to choose whether to enter or remain in an Sandtray Therapy relationship and need adequate information about the Sandtray Therapy process and the Sandtray Therapist. Sandtray Therapists have an obligation to review in writing and verbally with clients the rights and responsibilities of both Sandtray Therapists and clients. Informed consent is an ongoing part of the Sandtray Therapy process, and Sandtray Therapists appropriately document discussions of informed consent throughout the Sandtray Therapy relationship and on the intake/referral form.

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A.2.b. Types of Information Needed

Sandtray Therapists explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the Sandtray Therapist's qualifications, credentials, relevant experience, and approach to Sandtray Therapy; continuation of services upon the incapacitation or death of the Sandtray Therapist; the role of technology; and other pertinent information. Sandtray Therapists take steps to ensure that clients understand the implications of working with their diagnosis in the context of Sandtray Therapy and the intended use of tests and reports. Additionally, Sandtray Therapists inform clients about fees and billing arrangements, including procedures for non-payment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals or other stakeholders are involved), to obtain clear information about their records, to participate in the ongoing Sandtray Therapy treatment plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity

Sandtray Therapists communicate information in ways that are both developmentally and culturally appropriate. Sandtray Therapists use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that Sandtray Therapists use, Sandtray Therapists provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, Sandtray Therapists consider cultural implications of informed consent procedures and, where possible, Sandtray Therapists adjust either their practices accordingly or their intake/referral or website information (i.e., No wheelchair access or not suitable for low functioning high needs clients).

A.2.d. Inability to Give Consent

When Sandtray Therapy minors, incapacitated adults, or other persons unable to give voluntary consent, Sandtray Therapists seek the assent of clients to services and include them in decision making as appropriate. Sandtray Therapists recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.2.e. Mandated Clients

Sandtray Therapists discuss the required limitations to confidentiality when working with clients who have been mandated for Sandtray Therapy services. Sandtray Therapists also explain what type of information and with whom that information is shared prior to the beginning of Sandtray Therapy. The client may choose to refuse services. In this case, Sandtray Therapists will, to the best of their ability, discuss with the client the potential consequences of refusing Sandtray Therapy services.

A.3. Clients Served by Others

When Sandtray Therapists learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

Sandtray Therapists act to avoid harming their clients, trainees, and other participants and to minimize or to remedy unavoidable or unanticipated harm.

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A.4.b. Personal Values

Sandtray Therapists are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviours. Sandtray Therapists respect the diversity of clients, trainees, and other participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the Sandtray Therapist’s values are inconsistent with the client’s goals or are discriminatory in nature.

A.5. Prohibited Non-Sandtray Therapy Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships

Prohibited Sexual and/or romantic Sandtray Therapist– client interactions or relationships with current clients, their romantic partners, or their family practitioners are prohibited. This prohibition applies to both in person and electronic interactions or relationships.

A.5.b. Previous Sexual and/or Romantic Relationships

Sandtray Therapists are prohibited from engaging in Sandtray Therapy relationships with persons with whom they have had a previous sexual and/or romantic relationship.

A.5.c. Sexual and/or Romantic Relationships with Former Clients

Sexual and/or romantic Sandtray Therapist– client interactions or relationships with former clients, their romantic partners, or their family practitioners are discouraged. This applies to both in-person and electronic interactions or relationships. Sandtray Therapists, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family practitioners, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the Sandtray Therapist avoids entering into such an interaction or relationship.

A.5.d. Friends or Family Practitioners

Sandtray Therapists are discouraged from engaging in Sandtray Therapy relationships with friends or family practitioners with whom they have an inability to remain objective. Exceptions are during training hours where a trainee may work with a family member.

A.5.e. Personal Virtual Relationships with Current Clients

Sandtray Therapists are discouraged from engaging in a personal virtual relationship with individuals with whom they have a current Sandtray Therapy relationship (e.g., through social and other media).

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships

Sandtray Therapists consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the Sandtray Therapist has had a casual, distant, or past relationship. Examples include mutual or past practitionership in a professional industry, organization, or community. When Sandtray Therapists accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired, and no exploitation occurs.

A.6.b. Extending Sandtray Therapy Boundaries

Sandtray Therapists consider the risks and benefits of extending current Sandtray Therapy relationships beyond conventional parameters. Examples include attending a client’s formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product

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provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, Sandtray Therapists take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired, and no harm occurs.

A.6.c. Documenting Boundary Extensions

If Sandtray Therapists extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the Sandtray Therapist must show evidence of an attempt to remedy such harm.

A.6.d. Role Changes in the Professional Relationship

When Sandtray Therapists change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include, but are not limited to

1. changing from individual to relationship or family Sandtray Therapy, or vice versa; 2. changing from an evaluative role to a therapeutic role, or vice versa; and 3. changing from a Sandtray Therapist to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of Sandtray Therapist role changes.

A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Sandtray Therapists avoid entering nonprofessional relationships if possible, with former clients, their romantic partners, or their family practitioners when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.7.a. Advocacy

When appropriate Sandtray Therapists advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.7.b. Confidentiality and Advocacy

Sandtray Therapists obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

Being harmed by continued Sandtray Therapy.

Sandtray Therapists may terminate Sandtray Therapy when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Sandtray Therapists provide pre-termination Sandtray Therapy and recommend other service providers when necessary and/or if applicable.

Sandtray Therapists respect the privacy of prospective and current clients. Sandtray Therapists request private information from clients only when it is beneficial to the Sandtray Therapy process.

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A.8. Multiple Clients

When a Sandtray Therapist agrees to provide Sandtray Therapy services to two or more persons who have a relationship, the Sandtray Therapist clarifies at the outset which person or persons are clients and the nature of the relationships the Sandtray Therapist will have with each involved person. If it becomes apparent that the Sandtray Therapist may be called upon to perform potentially conflicting roles, the Sandtray Therapist will clarify, adjust, or withdraw from roles appropriately.

A.9. Group Work

A.9.a. Screening

Sandtray Therapists screen prospective group participants. To the extent possible, Sandtray Therapists select practitioners whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience. Sandtray Therapist will have advanced training in Sandtray group work.

A.9.b. Protecting Clients In a group setting,

Sandtray Therapists take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.10. Fees and Business Practices

A.10.a. Self-Referral

Sandtray Therapists working in an organization (e.g., school, agency, institution) that provides Sandtray Therapy services do not refer clients to their private practice unless the policies of an organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private Sandtray Therapy services. In areas where there is limited access to services in Sandtray Therapy then this is accepted.

A.10.b. Unacceptable Business Practices

Sandtray Therapists may participate in fee splitting, they do not give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.10.c. Establishing Fees

In establishing fees for professional Sandtray Therapy services, Sandtray Therapists consider the financial status of clients and locality. If a Sandtray Therapist's usual fees create undue hardship for the client, the Sandtray Therapist may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services or create a payment plan.

A.10.d. Non-payment of Fees

If Sandtray Therapists intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.10.e. Bartering

Sandtray Therapists may barter only if the bartering does not result in exploitation or harm, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Sandtray Therapists consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.f. Receiving Gifts

Sandtray Therapists understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept

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a gift from clients, Sandtray Therapists consider the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the Sandtray Therapist's motivation for wanting to accept or decline the gift.

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral

If Sandtray Therapists lack the competence to be of professional assistance to clients, they avoid entering or continuing Sandtray Therapy relationships. Sandtray Therapists are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, Sandtray Therapists discontinue the relationship.

A.11.b. Values Within Termination and Referral

Sandtray Therapists refrain from referring prospective and current clients based solely on the Sandtray Therapist's personally held values, attitudes, beliefs, and behaviours. Sandtray Therapists respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the Sandtray Therapist's values are inconsistent with the client's goals or are discriminatory in nature.

A.11.c. Appropriate Termination

Sandtray Therapists terminate a Sandtray Therapy relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit client or is unsuitable for Sandtray therapy as an expressive non-verbal therapy.

A.11.d. Appropriate Transfer of Services

When Sandtray Therapists transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed, and open communication is maintained with both clients and practitioners.

A.12. Abandonment and Client Neglect

Sandtray Therapists do not abandon or neglect clients in Sandtray Therapy. Sandtray Therapists assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as illness, and following termination if possible.

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Section B Confidentiality and Privacy

Introduction

Sandtray Therapists recognize that trust is a cornerstone of the Sandtray Therapy relationship. Sandtray Therapists aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Sandtray Therapists communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Sandtray Therapists maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Sandtray Therapists respect differing views toward disclosure of information. Sandtray Therapists hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy

Sandtray Therapists respect the privacy of prospective and current clients. Sandtray Therapists request private information from clients only when it is beneficial to the Sandtray Therapy process.

B.1.c. Respect for Confidentiality

Sandtray Therapists protect the confidential information of prospective and current clients. Sandtray Therapists disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the Sandtray Therapy process, Sandtray Therapists inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

B.2. Exceptions

B.2.a. Serious and Foreseeable Harm and Legal Requirements

The general requirement that Sandtray Therapists keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Sandtray Therapists consult with other professionals or Supervisor when in doubt as to the validity of an exception.

B.2.b. Confidentiality Regarding End-of-Life Decisions

Sandtray Therapists who provide services to terminally ill individuals who are considering hastening their own deaths need to seek advice from other institutions/government regarding confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

B.2.c. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, Sandtray Therapists may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Prior to making a disclosure, Sandtray Therapists assess the intent of clients to inform the third parties about their disease or to engage in any behaviours that may be harmful to an identifiable third party. Sandtray Therapists adhere to relevant state laws concerning disclosure about disease status or make their own value judged decisions.

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B.2.d. Court-Ordered Disclosure

When ordered by a court to release confidential or privileged information without a client's permission, Sandtray Therapists seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or Sandtray Therapy relationship.

B.2.e. Minimal Disclosure

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed including photographs of sand worlds and client notes.

B.3. Information Shared with Others

B.3.a. Subordinates

Sandtray Therapists make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

B.3.b. Interdisciplinary Teams

When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information including Supervision.

B.3.c. Confidential Settings

Sandtray Therapists discuss confidential information only in settings in which they can reasonably ensure client privacy. These include supervision and training.

B.3.d. Third-Party Payers

Sandtray Therapists disclose information to third-party payers only when clients have authorized such disclosure this will take the form of reports.

B.3.e. Transmitting Confidential Information

Sandtray Therapists take precautions to ensure the confidentiality of all information transmitted using any medium, especially photos of client's sand trays.

B.3.f. Deceased Clients

Sandtray Therapists protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.4. Groups and Families

B.4.a. Group Work In group work,

Sandtray Therapists clearly explain the importance and parameters of confidentiality for the specific group. Sandtray Group Work must be undertaken by a qualified group work specialist.

B.4.b. Couples and Family

In couples and family therapy Sandtray Therapists clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Sandtray Therapists seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is the client.

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B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

When Sandtray Therapy minor clients or adult clients who lack the capacity to give voluntary, informed consent, Sandtray Therapists protect the confidentiality of information received—in any medium—in the Sandtray Therapy relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians

Sandtray Therapists inform parents and legal guardians about the role of Sandtray Therapists and the confidential nature of the Sandtray Therapy relationship, consistent with current legal and custodial arrangements. Sandtray Therapists are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Sandtray Therapists work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information

When Sandtray Therapy minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, Sandtray Therapists seek permission from an appropriate third party to disclose information. In such instances, Sandtray Therapists inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality.

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation

Sandtray Therapists create and maintain records and documentation necessary for rendering professional services including taking and storing of photo documentation of each client sand world series where applicable.

B.6.b. Confidentiality of Records and Documentation

Sandtray Therapists ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record

Sandtray Therapists obtain permission from clients prior to recording sessions through electronic or other means.

B.6.d. Permission to Observe

Sandtray Therapists obtain permission from clients prior to allowing any person to observe Sandtray Therapy sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.e. Client Access

Sandtray Therapists provide reasonable access to records and copies of records when requested by competent clients. Sandtray Therapists limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Sandtray Therapists document the request of clients and the rationale for withholding some or all of the records in the files of clients. In situations involving multiple clients, Sandtray Therapists provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client.

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B.6.f. Assistance with Records

When clients request access to their records, Sandtray Therapists aid and consultation in interpreting Sandtray Therapy records.

B.6.g. Disclosure or Transfer

Unless exceptions to confidentiality exist, Sandtray Therapists obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of Sandtray Therapy records are sensitive to their confidential nature.

B.6.h. Storage and Disposal After Termination

B.6.i. Reasonable Precautions

Sandtray Therapists take reasonable precautions to protect client confidentiality in the event of the Sandtray Therapist's termination of practice, incapacity, or death and appoint a records custodian when identified as appropriate.

B.7. Case Consultation

B.7.a. Respect for Privacy

Information shared in a consulting relationship is discussed for professional purposes only. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.7.b. Disclosure of Confidential Information

When consulting with colleagues, Sandtray Therapists do not disclose confidential information that reasonably could lead to the identification of a client or other person or organisation with whom they have a confidential relationship unless they have obtained the prior consent of the person or organisation, or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

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Section C Professional Responsibility

Introduction

Sandtray Therapists aspire to open, honest, and accurate communication in dealing with the public and other professionals. Sandtray Therapists facilitate access to Sandtray Therapy services, and they practice in a non-discriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the SANDTRAY THERAPY PRACTITIONER Code of Ethics. Sandtray Therapists actively participate in local, state, and national industry consultation that foster the development and improvement of Sandtray Therapy. Sandtray Therapists are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Sandtray Therapists have a responsibility to the public to engage in Sandtray Therapy practices that are based on rigorous reliable evidence-informed practice.

Sandtray Therapists store records following termination of services to ensure reasonable future access, maintain records in accordance with federal and state laws and statutes such as legislation laws and policies governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. Sandtray Therapists apply careful discretion and deliberation before destroying records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment, or violence.

Sandtray Therapists engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities. In addition, Sandtray Therapists engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of and Compliance with Standards

Sandtray Therapists have a responsibility to read, understand, and follow the Sandtray Therapy Practitioner Code of Ethics and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence

Sandtray Therapists practice only within the boundaries of their competence, based on their education, training level, supervised experience, professional credentials, and appropriate professional experience. Sandtray Therapist work within a diverse client population.

C.2.b. New Specialty Areas of Practice

Sandtray Therapists practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, Sandtray Therapists take steps to ensure the competence of their work and protect others from possible harm.

C.2.c. Qualified for Employment

Sandtray Therapists accept employment only for positions for which they are qualified given their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Sandtray Therapists hire for professional Sandtray Therapy positions only individuals who are qualified and competent for those positions.

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C.2.d. Monitor Effectiveness

Sandtray Therapists continually monitor their effectiveness as professionals and take steps to improve when necessary. Sandtray Therapists take reasonable steps to seek peer supervision to evaluate their efficacy as Sandtray Therapists.

C.2.e. Consultations on Ethical Obligations

Sandtray Therapists take reasonable steps to consult with other Sandtray Therapists, the SANDTRAY THERAPY PRACTITIONER Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education

Sandtray Therapists recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Sandtray Therapists maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

C.2.g. Impairment

Sandtray Therapists monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Sandtray Therapists assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

C.2.h. Sandtray Therapist Incapacitation, Death, Retirement, or Termination of Practice

Sandtray Therapists may prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the Sandtray Therapist's incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

When advertising or otherwise representing their services to the public, Sandtray Therapists identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials

Sandtray Therapists who use testimonials do not solicit them from current clients, former clients, or any other persons who may be vulnerable to undue influence. Sandtray Therapists discuss with clients the implications of and obtain permission for the use of any testimonial.

C.3.c. Statements by Others

When feasible, Sandtray Therapists make reasonable efforts to ensure that statements made by others about them or about the Sandtray Therapy profession are accurate.

C.3.d. Recruiting Through Employment

Sandtray Therapists should not use their places of employment or institutional affiliation to recruit clients, there are exceptions. Supervisors, or consultees for their private practices are exceptions.

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C.3.e. Products and Training Advertisements

Sandtray Therapists who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

C.3.f. Promoting to Those Served

Sandtray Therapists do not use Sandtray Therapy, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, Sandtray Therapy educators may adopt textbooks they have authored for instructional purposes and form part of an advocacy group to inform about Sandtray therapy and offer professional development.

C.4. Professional Qualifications

C.4.a. Accurate Representation

Sandtray Therapists claim or imply only professional qualifications completed and correct any known misrepresentations of their qualifications by others. Sandtray Therapists truthfully represent the qualifications of their professional colleagues. Sandtray Therapists clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

C.4.b. Credentials

Sandtray Therapists claim only qualifications or certifications that are current and in good standing.

C.4.c. Educational Degrees

Sandtray Therapists will have earned a degree in a particular discipline in order to then train and become Sandtray Therapist.

C.4.d. Implying Doctoral-Level Competence

Sandtray Therapists clearly state their highest earned degree in Sandtray Therapy or a closely related field. Sandtray Therapists do not imply doctoral-level competence when possessing a master's degree where Sandtray Therapy was a module.

C.4.e. Accreditation Status

Sandtray Therapists accurately represent the accreditation status of their Specialist Practitioner training.

C.4.f. Professional Practitionership

Sandtray Therapists clearly differentiate between current, active Sandtray Therapy Practitioners with a current and certified training and former practitioners who have industry experience in industry. Practitioners of Sandtray Therapy must clearly differentiate between professional practitionership, which implies the possession of at least a known qualification certified by an association or government body and regular practitionership, which is open to individuals whose interests and activities are consistent with those of Sandtray but are not qualified for professional practitionership.

C.5. Non-discrimination

Sandtray Therapists do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

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C.6. Public Responsibility

C.6.a. Sexual Harassment

Sandtray Therapists do not engage in or condone sexual harassment. Sexual harassment can consist of a single intense or severe act, or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties

Sandtray Therapists are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

C.6.c. Media Presentations

When Sandtray Therapists provide advice or comment by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that 1. the statements are based on appropriate professional Sandtray Therapy literature and practice, 2. the statements are otherwise consistent with the SANDTRAY THERAPY PRACTITIONER Code of Ethics, and 3. the recipients of the information are not encouraged to infer that a professional Sandtray Therapy relationship has been established.

C.6.d. Exploitation of Others

Sandtray Therapists do not exploit others in their professional relationships.

C.6.e. Contributing to the Public Good

Sandtray Therapists make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment

When providing services, Sandtray Therapists use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

C.7.b. Development and Innovation

When Sandtray Therapists use developing or innovative techniques/procedures/ modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/ modalities. Sandtray Therapists work to minimize any potential risks or harm when using these techniques/procedures/modalities.

C.7.c. Harmful Practices

Sandtray Therapists do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements

When making personal statements in a public context, Sandtray Therapists clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all Sandtray Therapists or the profession.

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Section D Relationships with Other Professionals

Introduction

Professional Sandtray Therapists recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of Sandtray Therapy. Sandtray Therapists develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships with Colleagues, Employers, and Employees

D.1.a. Different Approaches

Sandtray Therapists are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Sandtray Therapists acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships

Sandtray Therapists work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork

Sandtray Therapists who are practitioners of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the Sandtray Therapy profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and Ethical Obligations

Sandtray Therapists who are practitioners of interdisciplinary teams work together with team practitioners to clarify professional and ethical obligations of the team as a whole and of its individual practitioners. When a team decision raises ethical concerns, Sandtray Therapists first attempt to resolve the concern within the team. If they cannot reach resolution among team practitioners, Sandtray Therapists pursue other avenues to address their concerns consistent with client well-being.

D.1.e. Confidentiality

When Sandtray Therapists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment

When Sandtray Therapists are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies

The acceptance of employment in an agency or institution implies that Sandtray Therapists are in agreement with its general policies and principles. Sandtray Therapists strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions

Sandtray Therapists alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization.

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When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, Sandtray Therapists take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection from Punitive Action

Sandtray Therapists do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency

Sandtray Therapists take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Sandtray Therapists provide appropriate referral resources when requested or needed.

D.2.b. Informed Consent in Formal Consultation

When providing formal consultation services, Sandtray Therapists have an obligation to review, in writing and verbally, the rights and responsibilities of both Sandtray Therapists and consultees. Sandtray Therapists use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality.

Section E Evaluation, Assessment, and Interpretation

Introduction

Sandtray Therapists use assessment as one component of the Sandtray Therapy process, considering the clients' personal and cultural context. Sandtray Therapists promote the well-being of individual clients or groups of clients by developing and using appropriate educational, mental health, psychological, and career/educational assessments.

E.1. General

E.1.a. Assessment

The primary purpose of educational, mental health, psychological, and career/educational assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making and treatment planning. Assessment may include both qualitative and quantitative methodologies.

E.1.b. Client Welfare

Sandtray Therapists do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client's right to know the results, the interpretations made, and the bases for Sandtray Therapists' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence

Sandtray Therapists use only those testing and assessment services for which they have been trained and are competent. Sandtray Therapists take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

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E.2.b. Appropriate Use

Sandtray Therapists are responsible for the appropriate application, limited interpretation, and use of assessment instruments relevant to the needs of the client.

E.2.c. Decisions Based on Results

Sandtray Therapists responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of Sandtray stages of development and are trauma informed.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

Prior to assessment, Sandtray Therapists explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

Section F Supervision, Training, and Teaching

Introduction

Sandtray Therapist supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and/or pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of Sandtray Therapists, students, and supervisees.

F.1. Sandtray Therapist Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of Sandtray Therapy supervisors is to monitor the services provided by supervisees. Sandtray Therapy supervisors monitor client welfare and supervisee performance and professional development. To fulfil these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the Sandtray Therapy Practitioner Code of Ethics.

F.1.b. Sandtray Therapist Credentials

Sandtray Therapy supervisors work to ensure that supervisees communicate their qualifications to render services to their clients

F.1.c. Informed Consent and Client Rights

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the Sandtray Therapy relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the Sandtray Therapy relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Sandtray Therapist Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering supervision services, Sandtray Therapists are trained in supervision methods and techniques. Sandtray Therapists who offer supervision services regularly pursue continuing

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education activities, including both Sandtray Therapy and supervision topics and skills and have their own regular supervision.

F.2.b. Multicultural Issues/ Diversity in Supervision

Sandtray Therapy supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship.

F.2.c. Online Supervision

When using technology in supervision, Sandtray Therapist supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships

Sandtray Therapy supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment

Sandtray Therapy supervisors do not condone or subject supervisees to sexual harassment.

F.3.d. Friends or Family Practitioners

Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences

Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

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F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities

Students and supervisees have a responsibility to understand and follow the Sandtray Therapy Practitioner Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional Sandtray Therapists.

F.5.b. Impairment

Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

F.5.c. Professional Disclosure

Before providing Sandtray Therapy services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the Sandtray Therapy relationship in the training process.

F.6. Sandtray Therapy Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation

Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation

Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied Sandtray Therapy settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

F.6.c. Sandtray Therapy for Supervisees

If supervisees request Sandtray Therapy, the supervisor assists the supervisee in identifying appropriate services. Supervisors may provide Sandtray Therapy services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

F.6.d. Endorsements

Supervisors endorse supervisees for certification, OPD/PD, employment, or completion of a Sandtray Therapy Practitioner academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

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F.7. Responsibilities of Sandtray Therapy Educators

F.7.a. Sandtray Therapy Therapist Educators

Sandtray Therapy educators who are responsible for developing, implementing, and supervising educational programs are skilled as adult teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, Sandtray Therapy educators conduct Sandtray Therapy education and training programs in an ethical manner and serve as role models for professional behaviour.

F.7.b. Sandtray Therapy Educator Competence

Sandtray Therapists who function as Sandtray Therapist educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to deliver instruction, Sandtray Therapy educators develop competence in the use of the technology and advanced skills in the evolution of symbol work in Sandtray therapy.

F.7.c. Infusing Multicultural Issues/Diversity

Sandtray Therapy educators infuse material related to symbols from ancient mythology, multiculturalism and other sources into all courses and workshops for the development of professional Sandtray Therapists.

F.7.d. Integration of Study and Practice

In traditional, hybrid, and/or online formats, Sandtray Therapy educators establish education and training programs that integrate Sandtray Therapy Practitioner academic study and supervised practice.

F.7.e. Teaching Ethics

Throughout the program, Sandtray Therapy educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Sandtray Therapy educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples

The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction

When students function in the role of Sandtray Therapy educators or supervisors, they understand that they have the same ethical obligations as Sandtray Therapy educators, trainers, and supervisors. Sandtray Therapy educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential Sandtray Therapy activities in traditional, hybrid, and/or online formats (e.g., Sandtray Therapy groups, skills classes, clinical supervision).

F.7.h. Innovative Theories and Techniques

Sandtray Therapy educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When Sandtray Therapy educators discuss developing or innovative techniques/ procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/ procedures/modalities.

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F.7.i. Field Placements

Sandtray Therapy educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Sandtray Therapy t educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role or the Sandtray Therapist educator takes on the role of supervisor.

F.8. Student Welfare

F.8.a. Program Information and Orientation

Sandtray Therapy educators recognize that program orientation is a developmental process that begins upon students' initial contact with the Sandtray Therapy education program and continues throughout the educational and clinical training of students. Sandtray Therapy education faculty provide prospective and current students with information about the Sandtray Therapy education program's expectations, including 1. the values and ethical principles of the profession; 2. the type and level of skill and knowledge acquisition required for successful completion of the training; 3. technology requirements; 4. program training goals, objectives, and mission, and subject matter to be covered; 5. bases for evaluation; 6. training components that encourage self-growth or self-disclosure as part of the training process; 7. the type of supervision settings and requirements of the sites for required clinical field experiences; 8. student and supervisor evaluation and dismissal policies and procedures; and 9. Student policy & procedures relating to all course work.

F.8.b. Student Career Advising

Sandtray Therapy educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences

Self-growth is an expected component of Sandtray Therapy education. Sandtray Therapy educators are mindful of ethical principles when they require students to engage in self-growth experiences. Sandtray Therapy educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class.

F.8.d. Addressing Personal Concerns

Sandtray Therapy educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students

Sandtray Therapy educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Sandtray Therapy educators provide students with ongoing feedback regarding their performance throughout the training program.

F.9.b. Limitations

Sandtray Therapy educators, through ongoing evaluation, are aware of and address the inability of some students to achieve Sandtray Therapy competencies. Sandtray Therapy educators do the following:

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1. assist students in securing remedial assistance when needed, 2. seek professional consultation and document their decision to dismiss or refer students for assistance, and 3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

F.9.c. Sandtray Therapy for Students

If students request Sandtray Therapy, or if Sandtray Therapy services are suggested as part of a remediation process, Sandtray Therapy educators assist students in identifying appropriate services.

F.10. Roles and Relationships Between Sandtray Therapy Educators and Students

F.10.a. Sexual or Romantic Relationships

Sandtray Therapy educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a Sandtray Therapy or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment

Sandtray Therapy educators do not condone or subject students to sexual harassment.

F.10.c. Relationships with Former Students

Sandtray Therapy educators are aware of the power differential in the relationship between faculty and students. Faculty practitioners discuss with former students' potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Non-Sandtray Therapy Practitioner Relationships

Sandtray Therapy educators avoid non-Sandtray Therapy Practitioner relationships with students in which there is a risk of potential harm to the student, or which may compromise the training experience or grades assigned. Sandtray Therapy educators may accept any form of professional services, fees, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Sandtray Therapy Services

Sandtray Therapy educators may serve as Sandtray Therapists to students currently enrolled in a Sandtray Therapy (where possible, circumstances will arise in rural and remote regions) or related program and over whom they have power and authority.

F.10.f. Extending Educator– Student Boundaries

Sandtray Therapy educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by Sandtray Therapists when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual practitionership in a professional industry, organization, or community. Sandtray Therapy educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

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F.11. Multicultural/Diversity Competence in Sandtray Therapy Education and Training

F.11.a. Faculty Diversity

Sandtray Therapy educators are open to recruiting and retaining a diverse faculty, however faculty will be recruited on their knowledge and skills as first point.

F.11.b. Student Diversity

Sandtray Therapy educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Sandtray Therapy educators expect all students to integrate into the holistic training and provide appropriate open mindedness in all subjects relating to sand, symbols and integration of and student well-being and Sandtray Therapy Practitioner academic performance.

F.11.c. Multicultural/Diversity Competence

Sandtray Therapy educators actively request students to explore multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of the collective and individual practice.

Section G Research and Publication

Introduction

Sandtray Therapists who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Sandtray Therapists support the efforts of researchers by participating fully and willingly whenever possible. Sandtray Therapists minimize bias and respect diversity in designing and implementing research.

G.1. Research Responsibilities

G.1.a. Conducting Research

Sandtray Therapists plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research and enterprise agreements with other stakeholders and non-profits.

G.1.b. Confidentiality in Research

Sandtray Therapists are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

G.1.c. Independent Researchers

When Sandtray Therapists conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and code of ethics.

G.1.d. Deviation from Standard Practice

Sandtray Therapists seek consultation and observe stringent safeguards to protect the rights of research participants when research indicates that a deviation from standard or acceptable practices may be necessary.

G.1.e. Precautions to Avoid Injury

Sandtray Therapists who conduct research are responsible for their participants' welfare throughout the research process and should take reasonable precautions to avoid causing emotional, physical, or social harm to participants.

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G.1.f. Principal Researcher Responsibility

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research

Individuals have the right to decline requests to become research participants. In seeking consent, Sandtray Therapists use language that 1. accurately explains the purpose and procedures to be followed; 2. identifies any procedures that are experimental or relatively untried; 3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants; 4. describes any benefits or changes in individuals or organizations that might reasonably be expected; 5. discloses appropriate alternative procedures that would be advantageous for participants; 6. offers to answer any inquiries concerning the procedures; 7. describes any limitations on confidentiality; 8. describes the format and potential target audiences for the dissemination of research findings; and 9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty.

G.2.b. Student/Supervisee Participation

Researchers who involve students or supervisees in research make clear to them that the decision regarding participation in research activities does not affect their Sandtray Therapy Practitioner academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfil their Sandtray Therapy Practitioner or clinical requirements.

G.2.c. Client Participation

Sandtray Therapists conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Sandtray Therapists take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information

Information obtained about research participants during the course of research is confidential. Procedures are implemented to protect confidentiality.

G.2.e. Persons Not Capable of Giving Informed Consent

When a research participant is not capable of giving informed consent, Sandtray Therapists provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.f. Commitments to Participants

Sandtray Therapists take reasonable measures to honour all commitments to research participants.

G.2.g. Explanations After Data Collection

After data are collected, Sandtray Therapists provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, Sandtray Therapists take reasonable measures to avoid causing harm.

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G.2.h. Informing Sponsors

Sandtray Therapists inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Sandtray Therapists ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

G.2.i. Research Records Custodian

As appropriate, researchers prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher– Participant Boundaries

Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a non-research interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.

G.3.b. Relationships with Research Participants Sexual or romantic

Sandtray Therapist–research participant interactions or relationships with current research participants may be prohibited. This may apply to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research

Participants Researchers do not condone or subject research participants to sexual harassment.

G.4. Reporting Results

G.4.a. Accurate Results

Sandtray Therapists plan, conduct, and report research accurately. Sandtray Therapists do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavourable Results

Sandtray Therapists report the results of any research of professional value. Results that reflect unfavourably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors

If Sandtray Therapists discover significant errors in their published research, they take appropriate measures to reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants

Sandtray Therapists who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorisation from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/ changed to protect the identity and welfare of all parties, and that discussion of results does not cause harm to participants.

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G.4.e. Replication Studies

Sandtray Therapists are not obligated to make available sufficient original research information to qualified professionals who may wish to replicate or extend the study.

G.5. Publications and Presentations

G.5.a. Use of Case Examples

The use of participants', clients', students', or supervisees' information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism

Sandtray Therapists do not plagiarize; that is, they do not present another person's work as their own.

G.5.c. Acknowledging Previous Work

In publications and presentations, Sandtray Therapists acknowledge and give recognition to previous work on the topic by others or self. The exclusion is if some material is gained on auto generated platforms.

G.5.d. Contributors

Sandtray Therapists give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors

Sandtray Therapists who conduct joint research with colleagues or students/supervisors establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research

Manuscripts or professional presentations in any medium that are substantially based on a student's course papers, projects, dissertations, or theses are used only with the student's permission and list the student as lead author.

G.5.g. Duplicate Submissions

Sandtray Therapists may submit manuscripts for consideration to more than one journal at a time. Manuscripts that are published in whole or in substantial part in one journal or published work are submitted for publication to another publisher.

G.5.h. Professional Review

Sandtray Therapists who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Sandtray Therapists make publication decisions based on valid and defensible standards. Sandtray Therapists review article submissions in a timely manner and based on their scope and competency in research methodologies. Sandtray Therapists who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and avoid personal biases.

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Section H Distance Sandtray Therapy, Technology, and Social Media

Introduction

Sandtray Therapy cannot be performed as a distant non face to face therapy. Sandtray Therapists actively attempt to understand the nature of the profession regarding distance learning and knowledge in Sandtray Therapy and how resources may be used to better serve their clients and/or students learning with resources and education. However, Sandtray Therapists understand the additional concerns related to the use of distance Sandtray Therapy and adhere to the professional guidelines and do not perform distance/online Sandtray Therapy. Sandtray Therapists using technology, and social media make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency

Sandtray Therapists who engage in the use of distance Sandtray Therapy, technology, and/ or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work, but understand that face to face training is a mandatory element of proficiency).

H.1.b. Laws and Statutes

Sandtray Therapists who engage in the use of distance Sandtray Therapy, technology, and social media within their Sandtray Therapy practice understand that they may be subject to laws and regulations of both the Sandtray Therapist's practicing location and the client's place of residence. Sandtray Therapists ensure that their clients are aware of pertinent legal rights and limitations governing the practice of Sandtray Therapy across states or international boundaries.

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance Sandtray Therapy, social media, and/or technology within the Sandtray Therapy process. In addition to the usual and customary protocol of informed consent between Sandtray Therapist and client for face-to-face Sandtray Therapy, the following issues, unique to the use of distance Sandtray Therapy, technology, and/ or social media, are addressed in the informed consent process:

- distance Sandtray Therapy credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance Sandtray Therapy, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow when the Sandtray Therapist is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services;
- possible denial of insurance benefits; and
- social media policy.

H.2.b. Confidentiality Maintained by the Sandtray Therapist

Sandtray Therapists acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

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H.2.c. Acknowledgment of Limitations

Sandtray Therapists inform clients about the inherent limits of confidentiality when using technology. Sandtray Therapists urge clients to be aware of authorised and/ or unauthorised access to information disclosed using this medium in the Sandtray Therapy process.

H.2.d. Security

Sandtray Therapists use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Sandtray Therapists take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.3. Client Verification

Sandtray Therapists who engage in the use of distance Sandtray Therapy, technology, and/ or social media to interact with clients take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

H.4. Distance Sandtray Therapy Relationship

H.4.a. Benefits and Limitations

Sandtray Therapists inform clients of the benefits and limitations of using technology applications in the provision of Sandtray Therapy services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or photo media. The most obvious limitation is access to the sand tray and the variety of sand tray miniatures for sand world building.

H.4.b. Professional Boundaries in Distance Sandtray Therapy

Sandtray Therapists understand the necessity of maintaining a professional relationship with their clients. Sandtray Therapists discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the Sandtray Therapy relationship. The most important aspect of Sandtray Therapy is being in the room with the client to offer them the variety of resources required to complete the sand worlds, the therapeutic relationship and the neuroception of safety, adequate sand trays with sand etc. Therefore, it is NOT recommended to assist a client with Sandtray therapy as a distance method.

H.4.c. Technology-Assisted Services

It is not a recommendation for any client to undertake technology assisted services in the capacity of Sandtray Therapy.

H.4.d. Effectiveness of Services

When distance Sandtray Therapy services are deemed ineffective by the Sandtray Therapist or client, Sandtray Therapists consider delivering services face-to-face. If the Sandtray Therapist is not able to provide face-to-face services (e.g., lives in another state), the Sandtray Therapist assists the client in identifying appropriate services.

H.4.e. Access

Sandtray Therapists provide information to clients regarding how unreasonable access to pertinent applications are not in line with how Sandtray Therapy is meant to be delivered, i.e. face to face.

H.4.f. Communication Differences in Electronic Media

Sandtray Therapists consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the Sandtray Therapy process. Sandtray

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Therapists educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

H.5. Records and Web Maintenance

H.5.a. Records

Sandtray Therapists maintain electronic records in accordance with relevant laws and statutes. Sandtray Therapists inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

H.5.b. Client Rights

Sandtray Therapists who offer distance Sandtray Therapy services and/or maintain a professional website provide electronic links to relevant other Sandtray therapist who may offer face to face Sandtray therapy services. The Sandtray Therapy Association of Australia will be a good source of the licensure and professional certification of these other Sandtray Therapists.

H.5.c. Electronic Links

Sandtray Therapists regularly ensure that electronic links are working and are professionally appropriate.

H.5.d. Multicultural and Disability Considerations

Sandtray Therapists who maintain websites provide accessibility to persons with disabilities if applicable. Sandtray Therapists acknowledge who can and who cannot do Sandtray Therapy.

H.6. Social Media

H.6.a. Virtual Professional Presence

In cases where Sandtray Therapists wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

H.6.b. Social Media as Part of Informed Consent

Sandtray Therapists clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media as applied to the Sandtray therapists' practice.

H.6.c. Client Virtual Presence

Sandtray Therapists respect the privacy of their clients' presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media

Sandtray Therapists take precautions to avoid disclosing confidential information through public social media.

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Section I Resolving Ethical Issues

Introduction

Professional Sandtray Therapists behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other Sandtray Therapists to the same standards and are willing to take appropriate action to ensure that standards are upheld. Sandtray Therapists strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Sandtray Therapists incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in Sandtray Therapy. Sandtray Therapists become familiar with the Sandtray Therapy Practitioner Policy and Procedures for Processing Complaints of Ethical Violations 1 and use it as a reference for assisting in the enforcement of the Sandtray Therapy Practitioner Code of Ethics.

I.1. Standards and the Law

I.1.a. Knowledge

Sandtray Therapists know and understand the Sandtray Therapy Practitioner Code of Ethics and other applicable ethics codes from professional organisations or certification and associations of which they are practitioners. Lack of knowledge or misunderstanding of an ethical responsibility is not a defence against a charge of unethical conduct.

I.1.b. Ethical Decision Making

When Sandtray Therapists are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other governing legal authority, Sandtray Therapists make known their commitment to the Sandtray Therapy Practitioner Code of Ethics and take steps to resolve the conflict. If the conflict cannot be resolved using this approach, Sandtray Therapists, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations

I.2.a. Informal Resolution

When Sandtray Therapists have reason to believe that another Sandtray Therapist is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other Sandtray Therapist if feasible, provided such action does not violate confidentiality rights that may be involved.

I.2.b. Reporting Ethical Violations

If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, Sandtray Therapists take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when Sandtray Therapists have been retained

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to review the work of another Sandtray Therapist whose professional conduct is in question (e.g., consultation, expert testimony).

1.2.c. Consultation

When uncertain about whether a particular situation or course of action may be in violation of the Code of Ethics, Sandtray Therapists consult with other Sandtray Therapists who are knowledgeable about ethics and the Sandtray Therapy Practitioner Code of Ethics, with colleagues, or with appropriate authorities, such as the Ethics and Professional Standards Department.

1.2.d. Organizational Conflicts

If the demands of an organization with which Sandtray Therapists are affiliated pose a conflict with the Sandtray Therapy Practitioner Code of Ethics, Sandtray Therapists specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Sandtray Therapy Practitioner Code of Ethics and, when possible, work through the appropriate channels to address the situation. Exception to this are members of committee.

1.2.e. Unwarranted Complaints

Sandtray Therapists do not initiate, participate in, or encourage the filing of ethics complaints that are retaliatory in nature or are made with reckless disregard or wilful ignorance of facts that would disprove the allegation.

1.2.f. Unfair Discrimination Against Complainants and Respondents

Sandtray Therapists do not deny individuals employment, advancement, admission to Sandtray Therapy Practitioner or other programs, or promotion based solely on their having made or there being the subject of an ethics complaint. This does not preclude taking action based on the outcome of such proceedings or considering other appropriate information.

1.3. Cooperation with Ethics Committees

Sandtray Therapists assist in the process of enforcing the Code of Ethics. Sandtray Therapists cooperate with investigations, proceedings, and requirements of the Ethics Committee or ethics committees of other duly constituted industries or boards having jurisdiction over those charged with a violation.