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Chair of approving committeeSarah Morley.....

Signature.....

Title Chair of Ethics Committee.....

Date 13/01/25.....

All policies are copy controlled. When a revision is issued previous versions will be withdrawn. An electronic copy will be posted on the BPA website for information.

Change control

number of pages (excluding appendices)
summary of revisions: The following has been added to the section on professional integrity (page 9): <ol style="list-style-type: none">1. A BPA registered practitioner is qualified to work with adults in individual and group work, including couples. It is the responsibility of the practitioner to ensure they have appropriate supervision, any additional training needed and adequate insurance. 2. BPA guidelines on touch added to Appendices (Jan 2026)
any change to code or merging with other policies
consultation with: Executive Committee

Ethical Principles and Code of Professional Conduct

The purpose of this BPA Ethical Principles and Code of Professional Conduct is to define the professional standards that all BPA registrants commit to and maintain. These include both psychodrama psychotherapists, sociodramatists, trainees, supervisors and trainers. This document is based on and is fully consistent with the UKCP Ethical Principles and Code of Professional Conduct. For clarity the UKCP Ethical Principles are attached as an appendix to this document.

Policy Code EtC/2

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Purpose of policy (aims and objectives)

The purpose of this BPA Ethical Principles and Code of Professional Conduct is to define the professional standards that all BPA registrants commit to and maintain. These include both psychodrama psychotherapists, sociodramatists, trainees, supervisors and trainers. This document is based on and is fully consistent with the UKCP Ethical Principles and Code of Professional Conduct. For clarity the UKCP Ethical Principles are attached as an appendix to this document.

BPA registrants, who are also individual members of the UKCP are bound by the UKCP Ethical Principles and Code of Professional Conduct. Complaints about their practice as a psychotherapist should be made to the UKCP Professional Conduct Committee.

For clarity and ease of expression, the third person plural pronoun is used as non-gendered pronoun for “registrant”: so, they is used for “she/he” and “their” for “her/his”.

This Ethical Principles and Code of Professional Conduct cannot cover every potential ethical, conduct or competence related concern. BPA Registrants must therefore depend on their own thoughtful evaluation of specific principles and the spirit expressed in these statements.

The registrant commits to engage with the challenge of striving for ethical practice and conduct, even when doing so involves making difficult decisions or acting courageously.

Client may be taken to include individuals, families, groups or organisations depending on the setting.

General ethical principles

1. Best interests of clients

- 1.1. The registrant takes responsibility for respecting their client’s best interests when providing therapy.
- 1.2. The registrant undertakes to treat their clients with respect.
- 1.3. The registrant undertakes not to abuse or exploit the relationship they have with their clients, current or past, for any purpose, including the psychotherapist’s sexual, emotional or financial gain.
- 1.4. If working as a psychotherapist, supervisor or trainer, the registrant undertakes not to enter into a sexual relationship with a client.
- 1.5. Registrants are required to carefully consider possible implications of entering into dual or multiple relationships and make every effort to avoid entering into relationships that risks confusing an existing relationship and may impact adversely on a client. For example, a dual or multiple relationships could be social or commercial relationship between the registrant and client, or a supervisory relationship which runs alongside the therapeutic one. When dual or multiple relationships are unavoidable, for example in small communities,

registrants take responsibility to clarify and manage boundaries and confidentiality of the therapeutic/supervisory or trainer/trainee relationship.

- 1.6. When working as a psychotherapist, the registrant undertakes to take into account the length of therapy and time lapsed since therapy and pay great attention to exercise reasonable care before entering into any personal or business relationships with former clients. Should the relationship prove to be detrimental to the former client, the psychotherapist may be called to account to the charge of a misuse of their former position as the former client's psychotherapist.
- 1.7. The registrant undertakes to respect their client's autonomy.
- 1.8. The registrant undertakes not to harm or collude in the harming of their client or a client of others.
- 1.9. The registrant undertakes to know and understand their legal responsibilities concerning the rights of children and vulnerable adults and to take appropriate action should the registrant consider a child or vulnerable adult is at risk of harm.
- 1.10. The registrant recognizes that their behaviour outside their professional life may have an effect on the relationship with their clients and takes responsibility for working with these potential negative or positive effects to the benefit of the client.

2. Diversity and Equality

- 2.1. The registrant undertakes to actively consider issues of diversity and equalities as these affect all aspects of their work. The registrant accepts no one is immune from the experience of prejudice and acknowledges the need for a continuing process of self-enquiry and professional development.
- 2.2. The registrant undertakes not to allow prejudice about a client's sex, age, colour, race, disability, sexuality, social, economic or immigration status, lifestyle, religious, cultural or political beliefs to adversely affect the way they relate to the client.
- 2.3. The registrant undertakes not to engage in any behaviour that is abusive or detrimental to any client or colleague based on the above factors.
- 2.4.1 We affirm the UKCP's commitment to the principle that no one should be subjected to conversion therapy, in any form. The BPA strongly believes that conversion therapy is harmful and must not be practised regardless of the client's age. In line with the UKCP ethical code, members must not engage in conversion therapy in any form. To do so would be harmful and unethical.

3. Confidentiality

- 3.1. The registrant commits to respect, protect and preserve the confidentiality of their clients. The registrant undertakes to notify their clients, when appropriate or on request that there are legal and ethical limits of that confidentiality and circumstances under which the registrant might disclose confidential information to a third party.

- 3.2. The registrant commits to protect sensitive and personally identifiable information obtained from the course of their work as a psychotherapist.
- 3.3. Should the registrant be required by law to serve in judicial or administrative proceedings, they commit to getting clarification at the outset of the potential impacts this could have on their commitment of confidentiality to any client. In such a situation the registrant commits to maintaining this clarification as the situation proceeds and to seek legal and ethical advice as appropriate.
- 3.4. When working as a psychotherapist, the registrant commits to safeguard the welfare and anonymity of clients when any form of publication of clinical material is being considered and to always obtain their client's verifiable consent in any case where the welfare or anonymity of a client may be compromised. This includes situations where a client or former client might recognize themselves in case material despite the changing of names or actual circumstances.

4. Conduct

- 4.1. The registrant acknowledges that their professional and personal conduct may have both positive and negative effects on the way they are experienced by a client. The psychotherapist undertakes, in a continuing process, to critically examine the impact these effects may have on the relationship with any client, placing a priority on preserving the client's best interests.
- 4.2. The registrant agrees to inform UKCP (if a member) and the BPA if they are:
 - (a) Convicted of a criminal offence, receive a conditional discharge for an offence, or accept a police caution;
 - (b) Disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social-care profession; or
 - (c) Suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to practice of psychotherapy, competence or health.
- 4.3. Subject to the rules of confidentiality and other code of ethics adhered to by the registrant, the registrant commits to co-operating with any lawful investigation or inquiry relating to their capacity to appropriately carry out their psychotherapy practice. Good practice would indicate that the registrant should consult with a colleague/member of their Ethics Committee, or seek legal advice with request to any request for information by anyone involved in a legal case even where the client has given their consent.
- 4.4. If a registrant is convicted of a criminal offence, receives a conditional discharge for an offence, or accepts a police caution BPA will consider any implications their conviction, conditional discharge, or in exceptional cases police caution, may have for their professional practice. BPA will consider and

assess potential risk posed to clients or for public confidence in the register and may reject their application for registration or removal of name from its register on such grounds.

- 4.5 The registrant agrees to decline any gifts, favours, money or hospitality that might be interpreted as exploitative,

5. Professional knowledge, skills and experience

- 5.1. The registrant agrees to disclose their qualifications to clients and BPA when requested and commits to not claiming or implying qualifications that they do not have.
- 5.2. The registrant commits to ensure that the use of title such as “Doctor/Dr” and post nominal initials after a name in all published materials are accurate; indicate whether it is a medical or academic qualification; and reasonably informs the public of their relevance to their practice as a psychotherapist, supervisor, trainer or sociodramatist.
- 5.3. The registrant commits to recognize the boundaries and limitations of their expertise and techniques and to take the necessary steps to maintain their ability to practice competently.
- 5.4. If it becomes clear that a case is beyond a registrant’s scope of practice, the registrant commits to inform the client and where appropriate offer an alternative psychotherapist or other professional where requested.
- 5.5. The registrant commits to adhering to the BPA and where appropriate, the UKCP policies on standards of education, training and practice.
- 5.6. The registrant commits to an on-going process of professional and personal enquiry and challenge, commonly referred to as “Continuing Professional Development”. The registrant commits adhering to the Continuing Professional Development policies held by BPA.
- 5.7. The registrant accepts responsibility to ensure that they are competent and have sufficient supervisory arrangements and other necessary support to enable them to meet their professional obligations to any client. This includes the responsibility of ensuring the very careful consideration of how best to refer a client to another psychotherapist or professional should it become clear that this would be in the client’s best interest.
- 5.8 The registrant commits to ensure they are familiar with UKCP’s published policies.
- 5.9 A BPA registered practitioner is qualified to work with adults in individual and

group work, including couples. It is the responsibility of the practitioner to ensure they have appropriate supervision, any additional training needed and adequate insurance.

6. Communication

- 6.1. The registrant agrees to at the outset explain to a client, or prospective client, their terms, fees and conditions and, on request, clarify other related questions such as likely length of therapy (if appropriate), methods of practice to be utilized, referral or termination processes.
- 6.2. The registrant agrees to notify clients of any other codes of ethics & practice to which they subscribe, including the availability of the complaints procedure.
- 6.3. The registrant agrees to Confirm each client's consent to the specifics of the service they offer, through a clear written contract at the outset of therapy.

7. Obtaining consent

- 7.1. The registrant undertakes to explain to the client, to the extent applicable to their modality and the client's capacity: the registrant's method(s) of working; and the client's choice to participate in any therapeutic or other interventions suggested by the registrant including any commitments the registrant makes to the client and any commitments the registrant requires of the client.
- 7.2. When working as a psychotherapist, the registrant undertakes not to intentionally mislead a client concerning the type or nature of the psychotherapy practiced.
- 7.3. The registrant commits to clarify with clients the nature, purpose and conditions of any research in which the clients are to be involved and to ensure that informed and verifiable consent is given before commencement of the therapy or other intervention and research.

8. Records

- 8.1. When working as a psychotherapist, supervisor or trainer, the registrant agrees to keep such records as are necessary to properly carry out the type of intervention offered.
- 8.2. When working as a psychotherapist, supervisor or trainer, the registrant commits to store and dispose any personally identifiable records or data securely in order to protect the client's confidentiality.

9. Physical or mental health

- 9.1. The registrant accepts an ongoing responsibility to ensure that they do not work with clients if they are not able to do so for physical or mental health reasons, or impaired by the effects of drugs, alcohol or medication.
- 9.2. The registrant accepts a responsibility to take appropriate action should their ability to meet their obligations to their clients be compromised by their physical or mental health.
- 9.3. The registrant commits to carefully consider how, in the event of their sudden unavailability this can be most appropriately communicated to their clients. This will also include careful consideration of how a client might be informed of a registrant's death or illness and, where appropriate, supported to deal with such a situation.

10. Professional integrity

- 10.1. The registrant commits to report potential breaches of this Ethical Principles and Code of Professional Conduct by themselves, other registrants or other psychotherapists to the BPA, other relevant UKCP member organisation or UKCP.

11. Advertising

- 11.1. When working as a psychotherapist, the registrant commits to ensuring that any advertising or promoting they undertake will not be misleading, false, unfair or exaggerated.
- 11.2. The registrant commits to ensure that if they are involved in advertising or promoting any particular therapy, product or service, this is done in an accurate and responsible way.
- 11.3. The registrant undertakes not to make or support unjustifiable statements relating to particular therapies or therapists or include testimonials from clients in any advertising material.

12. Indemnity insurance

- 12.1. The registrant commits to ensuring that their professional work is adequately covered by appropriate indemnity insurance or by their employer's indemnity arrangements.

13. Complaints

- 13.1. The registrant accepts the responsibility for maintaining reasonable awareness and a level of understanding regarding complaints procedures, relevant laws and statutory responsibilities that are applicable to their practice.
- 13.2. The registrant accepts a responsibility to act against colluding with practice harmful to clients including that carried out by other professionals, colleagues or trainees. This should include, where appropriate, activating procedures for addressing ethical concerns including formal complaints if necessary.

Legal and policy framework

UKCP Ethical Principles and Code of Professional Conduct

Key responsibilities

Executive Committee

Chairs

Members

Appendices

UKCP Ethical Principles and Code of Professional Conduct

Code of Ethics and Professional Practice

This Code contains the standards of ethics, practice and conduct which UKCP expects of all practitioners, and which must be followed whatever your modality of practice and whether you meet clients in person, online or otherwise.

The term 'practitioner' means an individual UKCP registrant who practises psychotherapy or psychotherapeutic counselling. The term 'client' includes individuals, couples, families or groups who engage in psychotherapy or psychotherapeutic counselling.

Should a concern arise about a practitioner's practice, it is against these standards that it will be judged under the Complaints and Conduct Process. The practitioner commits to engage with the challenge of striving for ethical practice and conduct, even when doing so involves making difficult decisions.

In the numbered points below, we set out the things we regard as key to ethical practice and have grouped them under these headings:

- Best interests of clients
- Professionalism
- Communication and consent
- Records and confidentiality
- Professional knowledge, skills and experience
- Social responsibility
- Trust and confidence

As a practitioner you must:

Best interests of clients

1. Act in your client's best interests.
2. Treat clients with respect.
3. Respect your client's autonomy.
4. Not have sexual contact or sexual relationship with clients.
5. Not exploit or abuse your relationship with clients (current or past) for any purpose including your emotional, sexual or financial gain.
6. Not harm or collude in the harming of your client or the clients of others.

Professionalism

7. Decline any gifts, favours, money or hospitality that might be interpreted as exploitative.
8. Be aware of the power imbalance between the practitioner and client, and avoid dual or multiple relationships which risk confusing an existing relationship and may impact adversely on a client. If a dual or multiple relationship is unavoidable, for example in a small community, take responsibility for clarifying and managing boundaries and protecting confidentiality.

9. Exercise all reasonable care before entering into a personal or business relationship with former clients, taking into account the time that has elapsed since therapy ended. Should such a relationship prove to be detrimental to the former client, you may be called to answer an allegation of misusing your former position.

10. Recognise that your behaviour outside your professional life may have an effect on your relationship with clients and take responsibility for critically examining these potential negative or positive effects to the benefit of the client. Communication and consent

11. Provide in your advertising, and on request, a clear and honest statement of the qualifications relevant to your field of practice and your UKCP registration, and advertise your services accurately and in a responsible and professional manner, without exaggeration.

12. Ensure that the use of title such as “Doctor/DR” and post nominal initials after a name in communications are: accurate; indicate whether it is a medical or academic qualification; and reasonably informs the public of their relevance to the practice of psychotherapy.

13. Not make any claims which you cannot demonstrate to be true or include testimonials from clients in any advertising.

14. Explain to a client, or prospective client, your terms, fees and conditions and, have information readily available to clarify other related questions such as likely length of therapy, methods of practice to be used, the extent of your own involvement, complaints processes and how to make a complaint, as well as arrangements for referral and termination of therapy.

15. Confirm each client’s consent to the specifics of the service you will offer, through a clear contract at the outset of therapy. We do not specify a written contract but in the case of any conflict a clear written contract supports both the client and yourself. Help clients to understand the nature of any proposed therapy and its implications, what to expect, the risks involved, what is and is not being offered, and relevant alternative options.

16. Not intentionally mislead a client about the type or nature of psychotherapy practised.

17. Only participate in research about clients with clients’ verifiable and informed consent before the commencement of therapy and research, clarifying the nature, purpose and conditions of any research in which clients are involved and in accordance with relevant codes and guidance. Pay particular attention to any additional guidance or special considerations which may apply to specific groups, such as children and young people.

Records and confidentiality

18. Respect, protect and preserve clients’ confidentiality. You must protect sensitive and personally identifiable information obtained in the course of your professional work.

19. Safeguard the welfare and anonymity of clients when any form of publication of clinical material is being considered and to always obtain your client's verifiable consent in any case where the welfare or anonymity of a client may be compromised. This includes situations where a client or former client might recognise themselves in case material despite the changing of names or actual circumstances.

20. Make notes appropriate to the modality of therapy being practised, and keep records which are accurate, legible and timely. Keep clients' information confidential, subject to legal and ethical requirements, and discuss it only within appropriate professional settings.

21. Notify clients, when appropriate or on request, that there are legal and ethical limits to confidentiality, and circumstances under which confidential information might be disclosed to a third party.

22. Consider obtaining legal and ethical advice in relation to providing information for judicial or administrative proceedings, and as to the potential impact that this could have on the commitment of confidentiality to the client, even when client consent is given.

Professional knowledge, skills and experience

23. Offer only the forms of therapy in which you have had adequate training or experience.

24. Understand the limits of your competence and stay within them in all your professional activity, referring clients to another professional when appropriate. This includes recognising that particular client groups, such as children and families, have needs which not all practitioners are equipped to address.

25. Ensure continuing ability to practise by securing supervision and ongoing professional education and development sufficient to meet the requirements of UKCP, its modality colleges and its organisational members.

26. Ensure that you do not work with clients if you are not able to do so for physical or mental health reasons, or when impaired by the effects of drugs, alcohol or medication.

27. Make considered and timely arrangements for the termination of a therapeutic relationship, or if you are unable to continue to practise, ensuring that clients are informed and alternative practitioners are identified where possible.

28. Have arrangements in place for informing clients and, where appropriate, providing them with support in the event of your illness or death.

Social responsibility

29. Actively consider issues of diversity and equalities as these affect all aspects of your work and acknowledge the need for a continuing process of self-enquiry and professional development.

30. Not allow prejudice about a client's sex, age, colour, race, disability, communication skills, sexuality, lifestyle, religious, cultural or political beliefs, social economic or immigration status to adversely affect the way you relate to them.

31. Avoid behaviour that can be perceived as abusive or detrimental to any client or colleague based on the above factors.

Trust and confidence

32. Act in a way which upholds the profession's reputation and promotes public confidence in the profession and its members, including outside of your professional life as a UKCP practitioner.

33. Maintain an awareness of, and comply with, all legal and professional obligations and UKCP policies which apply to your practice.

34. Ensure that any communication in which you take part, and in particular your participation in social media, is carried out in a manner consistent with this Code.

35. Safeguard children and vulnerable adults, recognising your legal responsibilities concerning their rights and taking appropriate action should you consider any such person is at risk of harm.

36. Ensure that you are familiar with and understand UKCP's published policies and guidances, in particular those on Safeguarding,

37. Challenge questionable practice in yourself or others, reporting to UKCP potential breaches of this Code, and activating formal complaints procedures especially where there may be ongoing harm to clients or you have significant grounds for believing clients to be at risk of harm.

38. Ensure that your professional work is adequately covered by appropriate indemnity insurance or by your employer's indemnity arrangements.

39. Co-operate with any lawful investigation or inquiry relating to your psychotherapeutic practice. Inform UKCP and any relevant organisational member if you are:

a. Charged with a criminal offence;

b. convicted of a criminal offence, receive a conditional discharge for an offence, or accept a police caution;

c. disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social care profession; or

d. suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your competence, health or practice of psychotherapy.

APPENDICES

1. **UKCP code of ethics 2019** [ukcp-code-of-ethics-and-professional-practice-2019\(2\).pdf](#)

2. **British Psychodrama Association policy on touch in group and individual psychodrama psychotherapy: Ratified in Jan 2026**
 - 1) **Contracting use of touch for psychodrama groups.** Use of touch should be negotiated by the therapist(s) and clients in the earliest sessions and written up as part of a physical group contract. Therapists may wish to consider some or all of these following points with their clients and/or provide clients with a copy of this code ahead of the first session

 - 2) **Contracting use of touch with individual clients.** When working one-to-one, therapists should examine whether their training background (e.g. Somatic Therapy, Neuroaffective Touch Training) is adequate so that use of touch is ethically sound and clinically beneficial. Whatever the therapist's training, a written, contractual agreement of the frame of one-to-one therapy is advised, particularly in private practice, and the therapist's stance on touch should be included

 - 3) **Touch and clinical rationale.** Therapists must be aware of the diverse effects - simple and complex, positive and negative - on clients of receiving touch from a therapist, and committed to practising mindful and clinically informed use of touch. Therapists should reflect on their own relationship with touch, that of their clients, and the potential for disparity between the two, in supervision and/or personal therapy

 - 4) **Affective contexts of receiving touch.** The contexts which may affect individual clients' relationship with touch should be considered. These may include: different levels of physical and cognitive ability, gender, sexuality, ethnicity, socioeconomic factors, religion, and culture. Therapists should explore clinically appropriate ways to address these with clients. Affective contexts may also be relational e.g. clients may experience negative tele and/or transference with certain group members which mean that touch feels appropriate from some people but not others. Therapists should be mindful of this and check in with clients accordingly

- 1) **Recording instances of touch.** Therapists are advised to briefly note down instances of touch in their client notes whatever the setting

- 2) **Obtaining consent for use of brief touch in psychodrama e.g. "hit and run" style doubling.** The therapist should clarify whether or not the group's doubling style is a hand on the protagonist's shoulder or arm (contact) or standing alongside and assuming the protagonist's body language (non-contact). If the former, this should be modelled during the contracting stage and open to modification. Consent for every double, whatever style, should be sought from the protagonist

- 3) **Obtaining consent for use of more extensive touch, e.g. auxiliary work.** Psychodrama is an embodied method of psychotherapy and auxiliary roles - particularly those depicting the internal world - are often guided to show their impact on and within the client's body. It is the therapist's responsibility to ensure verbal consent for touch is obtained from any group member playing an auxiliary role as well as from the protagonist who will usually then receive the same touch in role reversal. Adequate time should be given for protagonists and auxiliaries to consider whether or not touch is okay in this context. It can be difficult to ensure this happens without breaking the "flow" of the action which is why a modelling of touch-based auxiliary work and the protocol around consent may be helpful in early group sessions
- 4) **Obtaining consent for use of supportive touch by the therapist, audience / support roles.** A supportive hand on the arm or shoulder from fellow group members or the therapist can be transformative for some clients. Therapists must ensure that permission for supportive touch is obtained directly from the client perceived to be in need of support, and check in as to whether touch is still wanted over time
- 5) **Ongoing consensual decision to be touched.** Clients may initially consent to touch but this can change and feel uncomfortable and difficult to name. Therapists should "read the room" and, if in doubt, direct auxiliaries to "rest" a scene or sculpt to check out any perceived discomfort or activation. This can be more complex than group members simply saying that they're "okay" with being touched in/by a particular role and therapists should explore the theme of boundaries of consent in early psychodrama sessions and encourage group members to refuse or terminate touch, just as they can refuse or step out of an auxiliary role
- 6) **Revisiting the contract.** Therapists should ensure that dynamics arising from the use of touch in psychodrama are made conscious. Bringing these back for understanding and processing may be an important part of the work and may facilitate necessary modification of a group contract
- 7) **Touch in psychodrama within the context of TC and other MDTs.** When psychodrama psychotherapists incorporate touch in their treatment of clients in Therapeutic Communities, or who are being treated by members of other types of Multidisciplinary Teams, this should be fed back to other practitioners responsible for the client's care
- 8) **Relationship to touch and neurodivergence, post traumatic stress disorder, and personality difficulty and/or disorder.** Psychodrama psychotherapists should be especially mindful of these client presentations as affective contexts of touch. Such clients may, for example, be particularly susceptible to agreeing to touch when they're not okay with it, or to a dissociative response
- 9) **Alternatives to physical touch.** Clients who do not wish to be touched, or who have a particular response to touch in hindsight or retrospect, must have their wishes and experiences respected and, where appropriate, worked through. A method grounded in spontaneity and creativity, psychodrama invites thinking outside the box to best meet and respect clients' needs and exploring the creation of a sense of touch and holding

invites an opportunity to be innovative. Creative alternatives to physical touch may include:

- Use of blankets/weighted blankets e.g. to give the sensation of holding/hugging
- Use of cushions, e.g. to replace a head on the lap or shoulder
- Use of cloths and other props to connect hand-to-hand without direct contact

