



# PLAY THERAPY BEST PRACTICES

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# PLAY THERAPY BEST PRACTICES

## PREAMBLE

The Association for Play Therapy (APT) is a national professional society dedicated to the advancement of play therapy in order that clients in need may receive the best possible mental health services. Because its members have a unique and distinctive dedication to and preparation in the theories and techniques of play therapy, APT offers these best practices as guidelines for the instruction, supervision, and practice of play therapy.

## TERMINOLOGY

Play therapy has been shown to be useful and effective with families, children, adolescents, adults and senior citizens. The term 'client' will refer to any of these populations. The term 'legal guardian' will refer to any and all adults who are legally authorized to make decisions regarding the client's welfare. These include, but are not limited to, parents (either single or married), divorced parents who legally retain guardianship, or a court-appointed guardian. Step-parents and grandparents do not usually have standing as legal guardians.

## SECTION A: THE THERAPEUTIC RELATIONSHIP

### A.1 Commitments and Responsibilities to the Client

#### *Primary Responsibilities*

The primary responsibility of the play therapist is to conduct therapy that respects the dignity, recognizes the uniqueness and promotes the best interests and welfare of the client. When working with minors, the best interest may include adjunctive therapy for the significant adults in the client's life.

#### *Optimal Growth and Development*

Play therapists encourage the advancement of the psychosocial development and positive mental health of clients through play and play therapy. Play therapists foster the client's interest and welfare as well as the nurturing relationships in the client's life.

#### *Therapeutic Treatment Plans*

The play therapist may explain the developmentally appropriate treatment plan in an understandable manner to the client and/or his/her legal guardian, if applicable. This plan, which should contain measurable outcome goals, is reviewed regularly to ensure viability, effectiveness, and the continued support of the client and the involvement of the others in achieving the therapeutic goals.

#### *Documentation*

Play therapists follow state licensing laws regarding the necessary content of their clinical records. In addition, APT recommends the following be included in ongoing documentation if possible:

- Current developmental level of functioning, i.e. cognitive, play, affective
- Long and short term goals of treatment
- Verbal content of sessions relevant to behavior and goals
- Description of the use of therapeutic touch
- Observed play themes and materials used
- Graphic images relevant to client behavior and goals, e.g. sketches of sand trays, drawings,

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- photographs, videotapes, etc.
- Changes in thought process, mood/affect, play themes, and behavior
- Interventions with significant others, e.g. adjunct therapy, referrals, etc.
- Suicidal or homicidal intent or ideation as well as threatened or past incidents of aggression towards self or others
- Observations of client with significant others
- Level of family functioning and environment
- Conditions for termination

These records, irrespective of the medium in which they are stored (paper, digital, video), are safeguarded in every possible manner in accordance with federal and state law

### *Educational Needs*

If qualified through training and/or experience, the play therapist may work with the client and significant others in considering alternate educational placements that are consistent with the client's overall abilities, physical restrictions, general temperament, interests, aptitudes, social skills, and other relevant individual differences and developmental needs that have become apparent through the play therapy. Play therapists are ever mindful of the best interests of the client in recommending alternative educational placements and remain available to consult with professionals and staff in those placements

## **A.2 Respecting Individual Differences**

### *Nondiscrimination*

Play therapists do not discriminate, condone discrimination or professionally associate with others who discriminate based upon age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, gender identification or socioeconomic status.

### *Respect of Individual Differences*

Play therapists will actively participate in the provision of interventions that show understanding of the diverse cultural backgrounds of their clients, being cognizant of how their own cultural/ethnic/racial identity may influence interventions and therapeutic philosophy. The play therapist should make every effort to support and maintain the culture and cultural identity of clients.

## **A.3 Rights of Clients**

### *Informed Consent*

The play therapist informs the client, and/or his/her legal guardian when applicable, of the purposes, goals, techniques, procedural limitations, potential and foreseeable risks and benefits of the services to be performed in developmentally appropriate language for the understanding of the client. The play therapist takes steps to ensure that the client, and his/her legal guardian when applicable, understands the implications of diagnosis, the intention of tests and reports, fees and billing arrangements. The client has the right to expect confidentiality and to be provided with an explanation of its limitations, including disclosure to appropriate legal guardian(s), supervision and/or treatment teams and governmental authority and to obtain clear information about any documents or documentations in their case records; to participate in the ongoing treatment plan as is appropriate to their developmental level. Play therapists seek the guardian's signature on all consents, including for treatment whenever applicable.

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### *Freedom of Choice*

Play therapists recognize that minor clients do not always have the freedom to choose whether they enter into the therapeutic relationship or with whom they enter into therapy unless specifically permitted by state law. However, the play therapist will advise the legal guardians of the minor client with a rationale for play therapy to assist in choosing whether to enter into a therapeutic relationship and to determine which professional(s) may provide for the best interest of the client. Restrictions that limit the choices of clients are fully explained. These may include, but are not limited to, insurance/payer restrictions or lack of emergency/after-hour services. Play therapists also disclose their credentials, any specialized training or lack of training, as it relates to the presenting problem.

### *Inability to Give Consent*

The play therapist acts in the best interest of the client, who for reasons of minority age or inability cannot give voluntary informed consent and adheres to the laws of their state regarding who can provide consent.

### **A.4 Clients Served by Multiple Resources**

The play therapist must carefully consider the client's welfare and treatment issues when the client is receiving services from another mental health, educational, or medical professional. The play therapist, with written permission from the client and/or legal guardian, consults other professional providers to develop clear agreements over coordination of treatment planning in order to avoid confusion, reduce conflict for the client(s), and avoid functioning outside of their role.

### **A.5 Therapist Needs and Values**

#### *Therapist Personal Needs*

In a therapeutic relationship, the play therapist is responsible for maintaining respect for the client and to avoid actions that meet the therapist's personal or professional needs at the expense of the client.

#### *Therapist Personal Values*

Play therapists recognize the vulnerability of clients and do not impose personal attitudes and beliefs on their clients. However, this does not mean therapists attempt to conduct therapy free of values. Play therapists set limits when the client's behavior presents a danger to the client or others. Play therapists should also be aware of how their own values, attitudes and beliefs affect their clients. Lastly, play therapists should make every effort to convey to clients, and their legal guardians if applicable, the system or basis on which they, as therapists, make value judgments and decisions in therapy.

### **A.6 Dual Relationships**

#### *Avoidance*

Play therapists are alert to and guard against inappropriate multiple role relationships with clients and their significant others (including, but not limited to socializing, bartering and business arrangements) that could impair professional judgment, increase the risk of harm to the client or exploit the client through personal, social, organizational, political or religious relationships. Play therapists take appropriate professional precautions through informed consent, consultation, self-monitoring, supervision and/or documentation in an unavoidable multiple role relationship.

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### *b. Superior/Subordinate Relationships*

Play therapists do not accept as clients the family members of superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

### **A.7 Sexual Intimacies**

#### *Current Clients*

Play therapists do not have any type of sexual intimacies with clients and do not counsel the family members of persons with whom they have had or have a sexual relationship.

#### *Encouragement of Intimacies*

Play therapists do not encourage inappropriate physical intimacies from the client or the client's significant others.

#### *Requests for Nurturance*

Play therapists respond positively to the client and offer encouragement, positive reinforcement, warmth, nurturance, and space to play and work through personal challenges.

#### *Therapeutic Touch*

Play therapists recognize the potentially therapeutic value of touch, a form of non-sexual touch, in play therapy. However, play therapists do not engage in any form of therapeutic touch without a knowledge of the relevant literature, supervised experience, consideration of the possible benefits and limitations on a case-by-case basis and the informed consent of the client and/or his/her legal guardian, when applicable. Play therapists who are considering the use of therapeutic touch should also be thoroughly familiar with the APT paper on touch.

#### *Inappropriate Touching of Therapist by Client*

Play therapists recognize that clients who have been either sexually abused or inappropriately sexualized may initiate sexualized play with or inappropriate touching of the play therapist. A play therapist, who has been inappropriately touched by a client, should explain to the client that in the play therapy session, every person's body is respected and is not touched in a way that makes them uncomfortable or that is generally considered inappropriate by society. The incident and intervention should be documented and discussed with the client and/or the client's guardian as soon as it occurs.

#### *Former Clients*

Play therapists never engage in sexual intimacies with a client or the parent, caregiver, legal guardian, or custodian of a minor client, either past or current.

### **A.8 Multiple Clients**

When the play therapist is called upon to provide services to two or more persons who have a relationship with each other (siblings, parent and child, extended family members, friends,), the play therapist clarifies at the beginning of therapy the potential benefit or disadvantage of doing so. If the play therapist determines that in doing so there is a potential conflict which will undermine treatment, the play therapist may clarify, adjust or withdraw after informing the clients of the conflict and then seek appropriate referral for the member with whom the play therapist is unable to work.

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### **A.9 Group Work**

#### *Screening*

The play therapist selects clients for group play therapy whose needs are compatible and conducive to the therapeutic process and well-being of each client.

#### *Protecting Clients*

Play therapists using group play therapy take reasonable precautions in protecting clients from physical and psychological trauma.

#### *Confidentiality in Groups*

Play therapists explain to group members, regardless of age, the importance of maintaining confidentiality outside of the group, instruct them in methods for doing so and make special efforts to ensure confidentiality in settings where it may be more readily compromised, such as schools or inpatient/residential treatment settings. Consequences for violation of the rules need to be explained and enforced, especially in settings where confidentiality may be more easily threatened, such as schools and inpatient/residential treatment settings.

### **A.10 Payment**

#### *Fee Contract*

Play therapists clarify the financial arrangements with the party responsible for the fee prior to entering into a therapeutic relationship with the client. Play therapists use reputable collection agencies or legal measures for collecting fees in the event of nonpayment.

#### *Bartering Versus Pro Bono*

Play therapists refrain from accepting goods or services from the party responsible for the fee, but do consider, on a case-by-case basis that bartering may be acceptable in certain cultures. Pro bono service is encouraged.

### **A.11 Termination and Referral**

#### *Abandonment*

Play therapists do not abandon their clients. When a break in treatment occurs, the play therapist makes appropriate arrangements to avoid abandonment. When such a break is not initiated by the play therapist, and the play therapist makes a good faith effort to re-initiate treatment, the client or legal guardian is then advised as to the potentially dangerous or harmful consequences that may arise for the client, and is provided an alternative referral.

#### *Inability to Assist Clients*

Play therapists may sometimes find that they are unable to provide proper professional assistance to a client or that they are planning to retire or re-locate their practice in the foreseeable future. In such situations, it is required that the play therapist provide appropriate alternate referral sources.

#### *Termination*

Play therapists terminate a therapeutic relationship when treatment goals have been met or it becomes

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reasonably clear that the client is no longer benefiting, when services are no longer required, when therapy no longer serves the client's needs or interests, when the responsible party is negligent in paying fees, or when the agency or institution in which the treatment is occurring limits or discontinues the therapeutic relationship. In any of these circumstances, the play therapist clearly outlines the steps that will be taken toward termination, shares it with the guardian of the client and documents it.

### SECTION B: PARENTS AND FAMILY

#### B.1 Parents

##### *Parents in Conflict*

Play therapists comply with federal and state laws and court orders when providing play therapy to children of guardians involved in legal conflicts, such as divorce and custody disputes. This compliance may include reporting abuse, impending and foreseeable harm/danger to the client, or necessary breach of confidentiality.

##### *Custodial and Non-custodial Parents*

Play therapists are cognizant of, and recognize that custodial and non-custodial guardians may have specific and differing rights and responsibilities under law for the welfare of their children, including, but not limited to access to records and involvement in treatment planning.

#### B.2 Family

##### *Family Involvement*

Play therapists recognize that clients often have family members and other significant adults that have influence in the client's psychosocial growth and development, and strive to gain understanding of the roles and involvement of these other individuals so that they may provide positive therapeutic support where appropriate.

##### *Home-based Intervention*

Play therapists make a reasonable effort to provide privacy for the client during home-based therapy sessions and educate parents/family members regarding the need for privacy and confidentiality in a home-based therapy session.

##### *Family Interventions*

Play therapists never disclose information about one family member to another member without informed consent or prior agreement by family members.

### SECTION C: CONFIDENTIALITY

#### C.1 Right to Privacy

##### *Respect for Privacy for Minor Clients*

Play therapists strive to balance respect for the client's right to privacy with the guardian's legal right to be and remain informed, and disclose relevant information to guardians except where otherwise provided by state law. Play therapists follow the dictates of the laws that govern disclosure of confidential information

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while being mindful of the client's best interests. Play therapists release only that information that is relevant to the request of parties outside of the family once proper releases have been signed by the guardian.

### *Waiver of Client's Right*

Minor clients cannot waive their right to privacy, unless permitted by state law, but disclosure of material that is in the best interest of the client may be waived by their legal guardian. The minor client needs to be informed of the information being disclosed and the reason for the disclosure.

### *Legal Requirements*

Play therapists keep information confidential except when disclosure is required by law. Play therapists consult with other health care professionals, supervisors and the law when in doubt. Play therapists also become cognizant of state law related to confidentiality and comply with it.

The play therapist informs the client and his/her legal guardian of the limitations of confidentiality and identifies foreseeable situations in which confidentiality might be breached. But for authorized exceptions, play therapists also comply with all applicable regulations in the Health Insurance Portability & Accountability Act (HIPAA).

### *Contagious Diseases*

The play therapist is responsible for taking reasonable precautions to prevent the spread of contagious diseases and endangerment to others.

### *Court Ordered Disclosure*

When court ordered to release confidential information without permission from the client or client's legal guardian, play therapists request the court hear the potential dangers to the client in doing so.

### *Minimal Disclosure*

When circumstances require the disclosure of confidential information, only that information is revealed that is germane to the request and only as long as the clinician does not foresee harm as a result of this disclosure. Information that might adversely affect the treatment of the client requires a request for privileged communication.

### *Subordinates*

Play therapists implement reasonable precautions to ensure that all ancillary and support personnel who have access to privileged information maintain privacy and confidentiality of the client.

### *Treatment Teams*

The existence of a treatment team and its composition are disclosed by the play therapist to the client and/or legal guardian(s).

## **C.2 Group**

Play therapists, who use group therapy, clarify limits of confidentiality and specify group parameters. Consequences for violation of the rules need to be explained and enforced, especially in settings where confidentiality may be more easily threatened, such as schools and inpatient/residential treatment settings.

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### C.3 Documents

#### *Documentation*

Play therapists maintain documentation in accordance with law(s), regulations and agency/institutional procedures in order to provide support for therapeutic intervention and the rendering of professional services.

#### *Confidentiality of Documents*

Play therapists are responsible for the safety and confidentiality of any documentation they create, maintain, transfer, or destroy, whether the records are written, taped, digitized, or stored in any other medium.

#### *Permission to Electronically Document or Observe*

Play therapists obtain permission from clients and their legal guardians before video or audio taping the session and identify the use or purpose of the recorded media, how it will be stored, and procedures for disposal.

#### *Public Use and Reproduction of Client Expression and Therapy Sessions*

Play therapists do not make or permit any public use or reproduction of the client's play, artwork, music, or other creative expression through videotaping, audio recording, photography, or otherwise duplicating or permitting a third-party observation in art galleries, mental health facilities, schools or other public places without the written informed consent of the client and/or the legal representative of the client. Play therapists request permission from clients to display their artwork in the playroom, and such shall have no identifying information about the client.

#### *Client Access*

Play therapists provide access to copies of the records when requested to do so by the client and/or legal guardian. Access to documents is limited to those parts of the documents that do not include confidential information related to another client. When possible, play therapists should attempt to respond to a subpoena in a way that protects the best interest of the client, except as required by law.

#### *Disclosure or Transfer*

Play therapists obtain written permission from the legal guardian of the client to disclose or transfer records to legitimate third parties unless doing so would compromise the client.

### C.4 Research and Training

#### *Disguise Identity*

Play therapists engaged in training, research, or publication are required to disguise the data to ensure the anonymity of the participants involved.

#### *Agreement for Identification*

Public release of information regarding a specific client is permissible only when the client and/or legal guardian is fully aware of the material, has reviewed it and has agreed to its public release. Guidelines for public release of client information should be included in the informed consent document

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### C.5 Consultation

#### *Privacy*

In professional consultation, every effort is made to protect client identity and avoid undue invasion of privacy.

#### *Cooperating Agencies*

Prior to sharing information, play therapists take reasonable care to ensure that there are defined policies in other agencies serving the client that effectively protect the confidentiality of the client.

## SECTION D: PROFESSIONAL RESPONSIBILITY

### D.1 Knowledge of Standards

Play therapists will maintain current and accurate knowledge of statutes, regulations and ethics codes, and are responsible for reading and understanding these Play Therapy Best Practices.

### D.2 Professional Competencies

#### *Boundaries of Competence*

Play therapists practice only within the boundaries of their competence. Competence is based on training; supervised experience; state, national, and international professional credentials, and professional experience. Play therapists commit to knowledge acquisition and skill development pertinent to working with a diverse client population.

#### *New Areas of Specialty*

Play therapists practice a new specialty after appropriate education, training, and supervised experience. Play therapists take steps to ensure the competence of their work while developing skills in the new specialty.

#### *Employment Qualifications*

Play therapists accept employment for positions only for which they are qualified. Qualifications are determined by education, training, supervised experience, state, national, and international credentials, and professional experience. Play therapists hire only individuals who are qualified and competent.

#### *Monitor Effectiveness*

Play therapists monitor their effectiveness as professionals and pursue ongoing training, education, and supervision.

#### *Ethical Consultation*

Play therapists consult with knowledgeable professionals concerning questions regarding ethical obligations or professional practices.

#### *Continuing Education/Training*

Play therapists acquire continuing education to maintain awareness of current research in play therapy,

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are open to incorporating new assessment and treatment procedures, and keep current with research regarding diverse and /or special populations with whom they work.

### *Therapist Impairment*

Play therapists refrain from providing play therapy when their physical, mental or emotional condition/state might harm or negatively impact a client or others. The play therapist is aware of signs of impairment in self or colleagues with whom they work, seeks assistance, sets limits on their practice, suspends, and/or terminates their professional responsibilities if necessary.

## **D.3 Advertising and Soliciting Clients**

### *Accurate Advertising*

Play therapists and their employees accurately represent their competency, education, training, and experience relevant to the practice of play therapy. Play therapists can only advertise the highest degree earned in a mental health or closely related field.

### *Testimonials*

Play therapists do not solicit testimonials from clients. However, when such are freely offered by the client and/or legal guardian, the play therapist makes every effort to protect the client's or guardian's identity.

### *Statements by Others*

Play therapists strive to ensure that statements made by others about them, their service, or the profession of play therapy are accurate.

### *Products and Training Advertisements*

Play therapists do not inappropriately use the power of their positions to promote their services or training events. Play therapists may adopt textbooks and materials they have authored for instructional purposes.

### *Professional Association Involvement*

Play therapists are encouraged to be actively involved in local, state, and national associations that promote the development, effectiveness, and improvement of play therapy.

## **D.4 Credentials**

### *Credentials Claimed*

Play therapists represent only professional education/training earned and take responsibility for correcting any misrepresentations. Professional APT credentials include:

- J. Doe, Registered Play Therapist
- J. Doe, Registered Play Therapist-Supervisor

### *Credential Guidelines*

Play therapists adhere to the guidelines of credentials that have been determined by credential issuing body or bodies.

### *Misrepresentation of Credentials*

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Play therapists never misrepresent their credentials or knowingly associate with others who do so.

### *Doctoral Degrees from Other Fields*

Play therapists holding a Master's degree in a mental health or closely related field, but holding a doctoral degree that is not in mental health or closely related field, cannot use the title "Dr." in their practices as such is misleading (i.e. Play therapist holds a masters in counseling and a doctorate in educational leadership would not use the Dr. in their play therapy practice).

## **D.5 Public Responsibility**

### *Nondiscrimination.*

Play therapists do not discriminate against clients, legal guardians, students, or supervisees based upon their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status.

### *Sexual Harassment*

Play therapists never encourage or participate in sexual harassment. Sexual harassment is defined as undesired sexual advances, solicitation of sexual favors, unwanted physical contact, sexual solicitation, physical advances, or verbal or nonverbal conduct that is explicitly or implicitly sexual, that occurs within the professional activities or role, and that either 1) is unwanted, offensive, repeated, or interferes with the individual's therapy or work performance and creates a hostile workplace or therapeutic environment, and the play therapist is told this; or 2) is perceived as harassment to a reasonable third-party in the given circumstances. Sexual harassment may exist after a single intense or severe act or multiple persistent or pervasive acts.

### *Third Party Reports*

Play therapists are unbiased, accurate, and honest in disclosing their professional activities and assessments to appropriate third parties.

### *Media Presentations*

Play therapists providing advice or comment through public lectures, presentations, and media programs take precautionary measures to ensure that 1) information is based on current models of practice and relevant research; 2) the information is consistent with these practice guidelines; and 3) receiving the information does not mean that a professional therapeutic relationship has been established.

### *Exploitation*

Play therapists never use the power of their positions to exploit their clients and/or their significant adults for unearned or unfair gains, advantages, goods or services.

## **D.6 Responsibility to Other Professionals**

### *Different Approaches*

Play therapists respect theoretical approaches to play therapy that diverge from their own. Play therapists are aware and acknowledge traditions and practices of other professional disciplines.

### *Personal Public Statement*

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Play therapists clarify that they are speaking from their own distinct personal and professional perspectives and that they are not speaking on behalf of APT, state branches, other play therapists or the field of play therapy, when offering a personal statement in public context.

### *Clients Served by Others*

Play therapists obtain authorization from clients to release client information to other professionals, and seek to establish collaborative professional relationships in the best interest of the client.

## **SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS**

### **E.1 Relationships with Employers and Employees**

#### *Definition of Role*

Play therapists delineate for their employers and employees the boundaries, limitations, and levels of their professional roles.

#### *Covenants*

Play therapists may choose to establish working agreements with supervisors, colleagues, and subordinates regarding Play Therapy Best Practices, including but not limited to workload, reciprocal responsibilities and accountability. Such agreements are specified and made known to those affected.

#### *Disruptive or Damaging Conditions*

Play therapists inform their employers about disruptive or damaging conditions in the work setting which affect the play therapist's professional responsibilities.

#### *Evaluation*

Play therapists participate in professional review and evaluation by supervisor, employer or peer group.

#### *Professional Development*

Play therapists are available for providing professional development to staff regarding the benefits and limitations of play therapy.

#### *Goals*

Play therapists' goals are communicated to staff and other professional associates when requested and/or when appropriate.

#### *Professional Conduct*

Play therapists maintain the highest possible standards of professional conduct in the work setting.

#### *Exploitive Relationships*

Play therapists do not engage in exploitive relationships with supervisees, students, staff, or other subordinates.

#### *Employer Policies*

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Play therapists strive to reach agreement with employers regarding these Play Therapy Best Practices that allow for changes in institutional policy conducive to the therapeutic relationship.

### **E.2 Consultation**

#### *Providing Consultation*

Play therapists choosing to consult with other professionally competent people about their clients avoid placing the consultant in a conflict of interest. Play therapists employed in a work setting that compromises this consultation standard consult with other professionals whenever possible.

#### *Consultant Competency*

Play therapists ascertain the organization represented has competencies and resources to provide adequate consulting services and referral resources.

#### *Consultant Role*

Play therapists who choose to serve as consultants to other mental health professionals should develop a comprehensible understanding of the problem, goals for change, recommend and discuss possible outcomes for their client, and encourage growth in independent functioning.

### **E.3 Fees for Referral**

#### *Accepting Fees from Agencies*

Play therapists refuse a private fee or remuneration for providing services to persons who are entitled to such services through the play therapist's employment setting.

#### *Referral Fees*

Play therapists do not accept referral fees.

### **E.4 Subcontracting**

Play therapists subcontracting play therapy services to a third party inform clients of the limitations of confidentiality prior to or during the intake session.

## **SECTION F: EVALUATION, ASSESSMENT, AND INTERPRETATION**

### **F.1 General**

Play therapists recognize the limitations of their competence and perform only those assessment services for which they are trained and in accordance with the ethical expectations of their primary licensing/certification body.

### **F.2 Proper Diagnosis of Mental Disorders**

#### *Proper Diagnosis*

Play therapists take special care to provide, when necessary and/or clinically appropriate, proper diagnosis of mental disorders.

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### *Sensitivity to Individual vs. Group Differences.*

Play therapists recognize that culture, gender, developmental age, and chronological age affect how clients' symptoms are defined. Clients' life experiences are considered in diagnosing mental, developmental, and educational disorders. Play therapists are sensitive to the impact of both individual and group differences on the context of the client's life and the manifestation of their symptoms.

## **SECTION G: TEACHING, TRAINING, AND SUPERVISION**

### **G.1 Educators and Trainers**

#### *Educators as Teachers and Practitioners*

Play therapists are encouraged to facilitate education and clinical training as described in these Play Therapy Best Practices.

#### *Relationship Boundaries with Students and Supervisees*

Play therapists clearly define and maintain ethical relationships with their students and supervisees. Being aware that a differential in power exists, play therapists explain to students and supervisees the potential for an exploitative relationship.

#### *Sexual Relationships*

Play therapists never engage in sexual intimacies with students or supervisees and never subject them to sexual harassment.

#### *Contributions to Research*

Play therapists properly assign credit to students or supervisees for their contributions.

#### *Supervision Preparation*

Play therapists offering clinical supervision services are adequately trained in supervision methods and supervisory skills.

#### *Responsibility for Services to Clients*

Play therapist supervisors ensure that play therapy services provided to clients are professional and of high quality.

#### *Recommendation*

Play therapist supervisors do not recommend unqualified students or supervisees for certification, licensure, employment, or completion of an academic or training program.

### **G.2 Training Programs**

#### *Orientation*

Play therapists orient beginning students to program expectations, including but not limited to the following; 1) knowledge and competency required for completion of the training, 2) theoretical model(s) to

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be covered, 3) basis for student evaluation, 4) experiences in self-growth and self-disclosure, 5) clinical experiences, sites, and supervision expectations, 6) dismissal procedures, and 7) current employment prospects for trainees.

### *Integration of Study and Practice*

Play therapists who choose to provide training programs to other professionals, and to play therapists in particular, integrate current scholarly research and whenever possible, evidence-based clinical procedures

### *Teaching Ethics*

Play therapist supervisors or trainers make students and supervisees aware of the ethical requirements and standards of the practice related to their discipline.

### *Peer Relationships*

Play therapist supervisors ensure that trainees, who are involved in peer supervision, adhere to the same ethical obligations as play therapy supervisors.

### *Diversity Issues*

Play therapists actively participate in a process by which they strive to 1) become and remain aware of their own cultural backgrounds, influences, and biases (including but not limited to religion, gender, sexual orientation, ethnicity, and race), 2) acquire and continuously seek knowledge about how cultural backgrounds, influences, and biases operate in the lives of their clients, and 3) demonstrate culturally-appropriate therapeutic skills.

### *Assigning ownership*

Play therapists give credit to the work of other researchers and/or clinicians when making presentations that include or reference that work. Proper credit (name and date) shall be attached to all materials and modes of dissemination, including but not limited to video and PowerPoint presentations.

## **G.3 Trainees and Supervisees**

### *Limitations*

Play therapy supervisors are aware of academic and/or personal limitations of the trainees and supervisees; and therefore, provide assistance and/or dismissal if appropriate.

### *Self-Disclosure*

Play therapists make students and supervisees aware of the ramifications of self-disclosure, both positive and negative, and ensure that trainees adhere to all standards of ethical conduct in doing so.

### *Therapy for Trainees and Supervisees*

If a play therapist trainee requests therapy or a supervisor determines there is a need for the trainee to obtain therapy, supervisors or trainers provide them with a minimum of three (3) appropriate resources, whenever possible.

### *Standards for Trainees and Supervisees*

Play Therapy trainees and supervisees preparing to become Registered Play Therapists (RPT) or

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Supervisors (RPT-S) review and become familiar with these Best Practices and, when deemed appropriate, apply them with the same rigor as is expected of those who are Registered Play Therapists and Supervisors.

### SECTION H: RESEARCH AND PUBLICATION

#### H.1 Research Responsibilities

##### Purpose of Research

Play therapy research should be designed to enhance both the knowledge and clinical efficacy base of the discipline and utilize the most appropriate and current empirical and statistical procedures. Play therapist researchers consult with the ethics standards regarding research promulgated by their parent licensing organization, including, but not limited to the American Psychological Association, the American Counseling Association, the American School Counselors Association, the National Association of Social Workers, the National Board of Certified Counselors, and the American Association for Marriage and Family Therapists.

##### *Use of Human Participants*

Play therapists follow guidelines of ethical principles, federal and state laws, institutional/agency regulations, and scientific protocol, when planning, conducting and reporting research using human participants.

##### *Deviation from Standard Practices*

Play therapists pursue consultation and abide by rigorous criteria to safeguard research participants when a research problem necessitates deviation from standard research practices.

##### *Precautions to Avoid Injury*

Play therapists conducting research are responsible for the participants' welfare and take reasonable precautions to avoid injurious psychological, physical, social, emotional and developmental effects on their participants.

##### *Principal Researcher Responsibility*

The principal play therapy researcher is responsible for ethical research practice; however, co-researchers share ethical obligations and responsibility for their actions.

##### *Minimal Interference*

Play therapist researchers take precautions to avoid disruptions in participants' lives.

##### *Diversity*

Play therapist researchers take into consideration diversity in research issues with special populations. They seek consultation when needed.

##### *Institutional Research*

Play therapist researchers working in school or other institutional settings work closely with the respective Institutional Review Board (IRB).

## PLAY THERAPY BEST PRACTICES

### H.2 Informed Consent

#### *Topics Disclosed*

Play therapist researchers use understandable, developmentally appropriate language in obtaining informed consent from research participants and language that;

1. Specifically explains the research purpose and procedures;
2. Identifies experimental or relatively untried procedures;
3. Describes the possible discomforts and risks;
4. Describes expected outcomes;
5. Discloses possible alternatives for participants;
6. Answers any questions about the research procedures;
7. Describes any limitations; and
8. Advises the participants' about their rights to withdraw and discontinue at any time.

#### *Deception*

Play therapists understand the issues involved in the use of deception in clinical research, and do not conduct a study involving deception unless doing so is justified by the potential benefits and if effective alternate means of conducting the research without deception are not available or feasible (APA Ethical Principles and Code of Ethics, 2002, 2010).

#### *Voluntary Participation*

Participation in research is typically voluntary and without penalty for refusal to participate.

#### *Confidentiality of Research Data*

Information obtained about research participants is confidential. When there is the possibility that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants.

#### *Persons Incapable of Giving Informed Consent*

When a client is incapable of giving informed consent due to language or developmental limitations, play therapy researchers provide an explanation to the subject in the simplest possible way, and obtain client agreement for participation and appropriate consent from the client's legal guardian.

#### *Commitments to Participants*

Play therapist researchers take measures to honor all commitments to research participants.

#### *Explanations of Research Study*

Play therapist researchers remove all possible misconceptions regarding the intent of the study and provide safeguards to avoid harm to the client through explanation of the study.

#### *Agreements to Cooperate*

Play therapists who agree to be co-researchers or co-authors have an obligation to be complete and accurate with information.

#### *Informed Consent for Grant Providers*

## PLAY THERAPY BEST PRACTICES

Play therapist researchers extend informed consent to and in accordance with grant providers guidelines at the outset of the study and continue to do so as conditions of the research study change. Play therapist researchers ensure that feedback and acknowledgment of research is given to grant providers.

### **H.3 Reporting Results**

#### *Information Affecting Outcome*

Play therapist researchers clearly describe all relevant variables that may have affected the outcome of the study.

#### *Honesty in Research*

Play therapists avoid engaging in fraudulent research, distortion or misrepresentation of data, or deliberately biasing their results.

#### *Reporting Research Results*

Play therapists promote the growth of their profession by reporting negative and positive research results deemed to be of professional value.

#### *Identity of Participants*

Play therapist researchers protect the identity of respective participants.

#### *Replication Studies*

Play therapists cooperate with researchers wishing to replicate studies/research.

### **H.4 Publication**

#### *Recognition of Others*

Play therapists do not commit plagiarism. Play therapists cite previous work on the topic, adhere to copyright laws, and give appropriate credit.

#### *Contributors*

Play therapists credit joint authorship, acknowledgments, citations, or other significant contributions to research or concept development. The first author is the primary contributor; additional contributors are listed in decreasing order of their contribution.

#### *Student Research*

The student is listed as the principle author of a manuscript as appropriate.

#### *Professional Review*

Play therapist reviewers must respect the confidentiality and proprietary rights of authors submitting manuscripts.

# PLAY THERAPY BEST PRACTICES

## SECTION I: Use of Technology

### I.1 Online Communication

Play therapists guard the identity of their clients when consulting with other professionals online, Play therapists take steps to encrypt emails and/or leave out identifying client information. Play therapists take precautions to ensure the confidentiality of information transmitted through any means.

### I.2 Social media

Play therapists use caution when posting personal information on social media, including but not limited to Facebook, Twitter, MySpace, and blogs. Play therapists do not post client information online or make negative comments about clients online. Play therapists maintain appropriate ethical boundaries, including respect for client privacy.

### I.3 Web Sites

Play therapists who maintain professional sites online comply with ethical standards of their parent licensing body, ethical standards of their discipline, and any applicable laws.

### I.4 Use of Technology in Session

Play therapists who utilize or plan to utilize either computer or Internet applications in play therapy (including, but not limited to social networking sites such as Facebook and MySpace, email or online role playing games) become fully aware of the potential benefits and limitations of this technology, and review the content to ensure appropriateness. Also, play therapists ensure that:

1. The client is developmentally capable of using and benefiting from the technology;
2. The technology meets the needs of the client and is culturally appropriate;
3. The client understands the purpose and operation of the technology;
4. The use of the technology is consistent with the treatment goals;
5. The client and guardian of a minor client fully understand the potential benefits and limitations of the technology;
6. All possible efforts are made to protect the client's identity that may otherwise be compromised through the use of the technology;
7. Any and all inappropriate pop-ups are blocked; and
8. Confidentiality issues and applicable federal or state guidelines regarding the use of technology is carefully reviewed with clients and guardians of minor clients.

### I.5 Distance Supervision

Supervisors and supervisees who engage in distance supervision take precautions to ensure that client or supervisee confidentiality is not compromised and that the technology used to facilitate the supervision is secure.

## PLAY THERAPY BEST PRACTICES

### DISCLAIMER

The information contained herein is promulgated by the Association for Play Therapy (APT) as its Play Therapy Best Practices. This information does not replace or substitute any laws, standards, guidelines, rules or regulations promulgated by a practitioner's primary licensure or certification authority (e.g. APA, ACA, NASW, NASP, AAMFT, APNA), and APT urges and expects all practitioners to comply, first and foremost, with such laws and standards. Awareness of these Play Therapy Best Practices is considered by APT to be important when practicing play therapy, whether by an RPT, RPT-S, or other mental health professional. Practitioners are entirely responsible for their own professional activity. APT disclaims any and all liability for any loss or injury to any member, client, or other individual caused by any decision made, action taken, omission, misdiagnosis, or malpractice by any practitioner observing these Play Therapy Best Practices. Practitioners are also responsible for adherence to any 'best practices' or 'specialty guidelines' their parent licensing organization may promulgate.

### BEST PRACTICES HISTORY

- Initially drafted by Chair Trudy Post Sprunk (GA), LMFT, RPT-S, and task force members Norma Kimrey Colwell (SC), EdS, RPT-S, Jo Anne Mitchell (GA), LPC, RPT-S, Jayne Smith (GA), LPC, RPT, Karla Carmichael (AL), PhD, LPC, RPT-S, and Sandi Frick-Helms (SC), PhD, RPT-S.
- Reviewed but not revised by Chair Jeff Ashby (GA), PhD, and the Ethics & Practices Committee in 2006.
- Reviewed and revised by Chair Lawrence Rubin (FL), PhD, LMHC, RPT-S, and a special Ethics & Practices Task Force in 2009.
- Reviewed and revised by Chair Gerra Perkins (LA), PhD, LPC-S, RPT, and a special Ethics & Practices Task Force in 2012.
- Next review 2015.

### REFERENCES

The codes of ethics, standards of practice, and other references promulgated by these and other mental health organizations:

- American Art Therapy Association (AATA)
- American Counseling Association (ACA)
- National Board for Certified Counselors (NBCC)
- American School Counselors Association (ASCA)
- American Psychological Association (APA)
- National Association of School Psychologists (NASP)
- American Board of Examiners of Clinical Social Work (ABECSW)
- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Association for Marriage and Family Therapy (AAMFT)
- American Psychiatric Nurses Association (APNA)