



Play Therapy Best Practices

Clinical, Professional & Ethical Issues

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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.

These guidelines are in addition to any and all federal laws, state licensing board requirements and the legal and ethical codes promulgated by your primary professional organizations. If these Best Practices conflict with law, regulations or other governing legal authority, play therapists take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

TERMINOLOGY

Play Therapy has been shown to be *useful* and effective with children, in families, in groups and with individuals across the lifespan. 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 a minor 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.

SECTION A: THE THERAPEUTIC RELATIONSHIP

A.1 Commitments and Responsibilities to the Client

Primary Responsibilities

The primary responsibility of play therapists 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 other's in the client's life. Play therapists working with minor clients understand the unique nature of working with a client whose legal consent is given by another party having power in the client's life. The therapist understands that the minor is their client and represents the minor client, not the legal guardian, in clinical decision making. The play therapist provides a professional disclosure statement that includes information regarding the responsibilities and expectations of the guardian, client and play therapist,

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 which includes securing and supporting nurturing relationships in the client's life.

Therapeutic Treatment Plans

Play therapists may explain the developmentally responsive treatment plan, in an understandable manner to the client and/or her/his legal guardian, if applicable. Play therapists review this plan regularly, which should contain measurable outcome goals, is reviewed regularly to ensure viability, effectiveness, and the continued support of the client and the involvement of significant others in achieving the therapeutic goals.

Documentation

Play therapists follow state licensing laws and legal and ethical code of their professional organization regarding the necessary content of their clinical records. In addition, APT recommends that Play Therapy related ongoing documentation and clinical records include, but are not limited to, the following:

- Developmental history – intake assessment,
- Current developmental level of functioning, i.e. cognitive abilities, play/ social skills, regulation of emotion/behavior, communication skills, daily living skills, and motor skills,
- Level of family functioning and environment assessment,
- Long and short term goals of treatment,
- Conditions for termination, assessment, & treatment review,

- Client overall functioning in session,
- Observed play themes and materials used,
- Changes in thought process, mood/affect, play themes, and behavior,
- Clinical significant observations of client with significant others,
- Clinically significant observations of significant others when seen separately from the identified child client,
- Graphic images relevant to client behavior and goals (e.g. sketches of sand trays, drawings, photographs, video recordings, etc.),
- Verbal and non-verbal expressions relevant to behavior and goals,
- Documentation in all instances when touch is used therapeutically,
- Suicidal or homicidal intent, ideation and/or specific plan, any past history of suicidal or homicidal attempts, as well as threatened or past incidents of aggression towards self or others,
- Progress towards goals,
- Obstacles impeding progress in treatment review,
- Interventions and/or coordination with significant others (including family members, teachers, physicians, etc.) in or out of actual session time (e.g. adjunct therapy, referrals, consultations, psychotropic medications review, etc.), and
- Medications, medication changes

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, including but not limited to HIPAA, and all legal and ethical codes of their license and professional organization.

Educational Needs

If qualified through training and/or experience, play therapists 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, regulation of emotion/behavior, problem-solving abilities, 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 or condone discrimination based upon age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, gender identification or socioeconomic status or on the basis of any intersectionality of these identities.

Respect of Individual Differences

Play therapists actively participate in the provision of interventions that show understanding of the diverse cultural backgrounds of their clients. Play therapists will also be cognizant of how their own cultural/ethnic/racial identity may influence interventions and therapeutic philosophy. Play therapists make every effort to support and respect the culture and cultural identity of clients and their families.

A.3 Rights of Clients

Informed Consent

Play therapists inform clients and/or their legal guardian when applicable, of the purposes, goals, techniques, procedural limitations, and potential and foreseeable risks, risks of inconsistent compliance, and benefits of the services to be performed. This information will be provided in developmentally (and culturally) appropriate language for the understanding of the client and their legal guardian. Play therapists takes steps to ensure that clients, and their legal guardian when applicable, understand the implications of diagnosis, the intention of tests and reports, and fees and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including disclosure to appropriate legal guardian(s), disclosure as legally required and for safety when an immediate safety risk

is revealed, suspicion of child abuse or other safety issue, supervision and/or treatment teams case reviews, and requests made by the payer, and/or governmental authority and/or by court order to obtain information about any documents or documentations in their case records. Play therapists seek legal guardian signature on all consents, including for treatment whenever applicable and when not constricted by state or federal laws.

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, play therapists will provide the legal guardians of minor clients with the rationale for Play Therapy while acknowledging that other factors may influence the decisions to seek treatment from a different provider. The play therapist will then assist the client, and legal guardian when appropriate, in choosing whether to enter into a therapeutic relationship and to determine which professional(s) may provide the most appropriate and potentially efficacious treatment regimen at this time which primary consideration for the best interest of the client. Play therapists fully explain restrictions that limit the choices of clients. These restrictions 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. Minor clients may not be able to make the final decision regarding treatment, but their preferences for the person and approach are taken into consideration as much as possible.

Inability to Give Consent

Play therapists act in the best interest of the client, whom for reasons of minority age or inability cannot give voluntary informed consent and adheres to the laws of their state and/or legal and ethical code of their professional organization regarding who can provide consent.

A.4 Clients Served by Multiple Resources

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

A.5 Therapist Needs and Values

Therapist Personal Needs

In a therapeutic relationship, play therapists are responsible for maintaining respect for clients and avoiding 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 intervene 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 effect their clients. Lastly, play therapists 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. Play therapist do not deny services based on the aforementioned Nondiscrimination clause.

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, and business arrangements, that could impair professional judgment, increase the risk of harm to the client or exploit client through personal, social, organizational, business, 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. If such unavoidable relationships do occur it is the responsibility of the play therapist to set clear boundaries in settings outside of therapy.

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 and Touch

Current and Former Clients

Play therapists do not have any type of sexual intimacies with current or former clients and/or their family members. Nor do they counsel the family members of persons with whom they have had or are having a sexual relationship. Play therapists avoid actions intended to meet their own needs and maintain the respect for the client.

Encouragement of Intimacies

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

Therapeutic Touch

Play therapists recognize the potentially therapeutic value of therapeutic 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, cultural difference, supervised experience, consideration of the possible benefits and limitations on a case-by-case basis and the informed consent of the client and/or her/his 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 [*APT (2015) Paper on touch: Clinical, professional, & ethical issues*] and/or the relevant sections of the legal and ethical code of their professional organization. Play therapists also consults and comply with policies existing within their practice environment (e.g., agency or school setting) with regard to physical contact with clients.

Inappropriate Sexualized 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 in a sexualized way by a client, should take appropriate measures to help the client understand that this type of touch is not appropriate. Play therapists should document and discuss the incident and intervention with the client and/or client legal guardian as soon as it occurs.

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, etc.), 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. Family members/guardians and others involved in counseling are informed of the parameters and limitations of confidentiality and collateral consent is sought. Confidentiality is extended to all who receives services not just the primary client.

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. Rules for the group and consequence of breaking the rules should be clear to all group members. If a member of the group cannot abide by rules of the group, consequences need to be enforced for the protection of others.

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 charge the usual and customary fees for service, use the appropriate codes for treatment and are aware of the particular ways to code for a Play Therapy session when using managed care. The play therapist may assist the client to access comparable services or adjust the fees if it creates a financial burden for the client.

If Play therapists intend to use legal measures, including collection agencies, for collecting fees in the event of nonpayment, 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.

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. Play Therapists are aware of the state licensing and their specific code of ethics rules governing the use of bartering and pro bono service.

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. Play Therapists facilitate transfers in the best interest of making the change as seamless as possible.

Termination

Play therapists may terminate a therapeutic relationship when treatment goals have been met and or it becomes 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, play therapists clearly outline the steps that will be taken toward termination, share it with the guardian of the client and documents it. In all cases the play therapist makes every attempt to provide proper termination or transition services for the client.

SECTION B: PARENTS AND FAMILY

B.1 Parents

Parents in Conflict

Play therapists comply with federal and state laws, court orders, and/or legal and ethical code of their professional organization 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. As part of informed consent, when dealing with parents in conflict for situations where legal action regarding custody of children is in process, play therapists clarify the roles they are willing, confident, and/or legally able to participate in. They discuss with parents the negative impact occupying multiple roles could have on the child/therapeutic relationship.

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. Play therapists are respectful of all parents and guardians of children even when the given parent or guardian's rights may be limited legally.

B.2 Family

Family Involvement

Play therapists recognize that clients often have family members and other significant adults who 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.

Play therapists will strive for transparency in treatment planning and include parents/caregivers in the formulation of treatment plans and treatment goals when appropriate.

Home-based Intervention

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

Family Interventions

Play therapists make clear when working with families, who the client is and how confidentiality will be handled in the context of individual, parent, and family meetings. Play therapists never disclose information about one family member to another member without written informed consent or prior written agreement by family members.

SECTION C: CONFIDENTIALITY

C.1 Right to Privacy

Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state licensing laws and/or legal and ethical code of their professional organization regarding client confidentiality.

Respect for Privacy for Minor Clients

Play therapists strive to balance respect for the client right to privacy with guardian legal right to be and remain informed, and disclose relevant information to guardians except where otherwise provided by state law and/or legal and ethical code of their professional organization. Play therapists follow the dictates of the laws and the ethical code of their professional organization that govern disclosure of confidential information while being mindful of client best interests. Play therapists release only that information that is relevant, upon request of outside parties once the guardian has signed proper releases.

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 her/his legal guardian. Minor clients need to be informed in a developmentally appropriate manner 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 applicable legal and ethical code of their professional organization when in doubt. Play therapists also become cognizant of state laws related to confidentiality and comply with it.

Play therapists inform clients and their legal guardians of the limitations of confidentiality and identify 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) and any other relevant regulations and professional guidelines.

Court Ordered Disclosure

When play therapists are court ordered to release confidential information, they seek legal advice, and in some cases may move to quash the request in order to protect the best interests of their clients.

Minimal Disclosure

When circumstances require the disclosure of confidential information, play therapists reveal only information 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

Play therapists disclose the existence of a treatment team and its composition to clients and/or legal guardian(s).

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.

C.2 Group

Play therapists providing group therapy clarify the limits of confidentiality and the parameters of confidentiality that occur specific to that group therapy intervention. 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. (*see also section A.9, Confidentiality in Groups*)

C.3 Documents

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, recorded, digitized, or stored in any other medium.

Permission to Electronically Document or Observe

Play therapists obtain written permission from clients and their legal guardians before video or audio recording 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 audio or 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 written permission from clients to display their artwork in the playroom, and such shall have no

identifying information about the client. Play therapists should be mindful of displaying in the playroom any artwork or expressive creation from the child as this could feel violating to the child or other children. If such a display happens and proper consent has been secured, the play therapist should be mindful of the therapeutic reasons for displaying created works.

Client Access

Play therapists provide access to copies of the records when requested to do so by the client and/or legal guardian(s). Access to documents is limited to those parts of the documents that do not include confidential information related to another client and to the documents created by the play therapist and client in the course of treatment the sharing of documents obtained from third parties (such as past providers, physicians, school) is prohibited unless State law and/or the regulations of your professional organization would otherwise allow such information to be shared. 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(s) of the client to disclose or transfer records to legitimate third parties unless doing so would compromise the client.

SECTION D: PROFESSIONAL RESPONSIBILITY

D.1 Knowledge of Standards

Play therapists 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. Play therapists will also document these consultations if the consultation refers to a client.

Continuing Education/Training

Play therapists acquire continuing education to maintain awareness of current research in Play Therapy, are open to incorporating new assessment and treatment procedures, and keep current with research regarding diverse and /or special populations with whom they work. Play Therapists ensure that they have on-going training in multicultural issues.

Therapist Impairment

Play therapists refrain from providing Play Therapy when their physical, mental, or emotional condition/state might harm or negatively affect a client or others. Play therapists are aware of signs of impairment in self or colleagues with whom they work, seek assistance, set limits on their practice, and suspend, and/or terminate 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 or professional reviews from clients nor respond to reviews posted. However, when such are freely offered by the client and/or legal guardian(s), the play therapist makes every effort to protect the client 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 use 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

Registered Play Therapists and Registered Play Therapist-Supervisors adhere to the credentialing guidelines that have been set forth by the Association for Play Therapy. Play therapists never misrepresent their credentials, and notify the Association for Play Therapy when they discover a colleague who is. It is the responsibility of the credential holder to maintain awareness of the states protected acronyms and only market and or reference themselves as appropriate by state law.

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, gender identification, or socioeconomic status.

Third Party Reports

Play therapists strive to minimize bias, present accurate information, and put forth honest reporting 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) 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

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 written 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 that affect the play therapist's professional responsibilities.

Peer Review

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

Professional Development

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

Goals

Play therapists communicate their goals to staff and other professional associates when requested and/or when appropriate.

Professional Conduct

Play therapists make every effort possible to maintain 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

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 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.3 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 legal and ethical code of their professional organization, and primary licensing/certification body. Play therapists provide the client and legal guardian appropriate information about assessments including rationale for assessment and who will receive the assessment results. Play therapists use only current, valid, reliable and client appropriate assessments that take into account age, gender, ability, race, and cultural concerns along with any other identified client characteristics specific to the assessment.

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 and to re-evaluate such diagnoses as more information becomes available or treatment progresses.

Sensitivity to Individual vs. Group Differences

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

SECTION G: EDUCATION

G.1 Educators and Trainers (see also section J.5, Distance & Online Supervision)

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 and professional 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.

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 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 responsive 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.

SECTION H: SUPERVISION/CONSULTATION

For the purposes of this document, supervision and consultation are defined below. In both cases, the client and (when applicable) guardian are to be informed in advance when there will be a sharing of specific treatment/case information.

Supervision

A formal professional clinical role which is recognized and defined by the relevant State law and professional guidelines of the supervisee's professional group and/or APT. The intent is that the supervision time will be documented and reported to a third party so that it can be applied toward professional licensure, registration and/or certification.

Consultation

A less formal professional relationship wherein clinical information is shared between two or more clinicians for the purpose of education or case review and advice. Consultation may include the sharing of general ideas and clinical concerns or specific client information.

H.1 Supervisors

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.

Clinical Supervision Contract

Play therapist supervisors and supervisees should both sign-off on a contract which specifies the fees for individual and group sessions, what will be documented in session records, how records will be maintained and by whom, the projected numbers of hours of supervision hours to be provided, and how often the sessions will occur. Both supervisor and supervisee should insure that the supervisor meets at least the minimum criteria set forth by their professional licensing and State board and that the types of supervision meets the same standards. They should agree upon insurance, compliance with APT Best Practices, State Licensing Board Rules, State Laws, duties of supervisor, billing for treatment, treatment records and bills, informed consent, dual relationships, termination of supervision, and consultation for the supervisor.

H.2 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 the trainee 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 Supervisors (RPT-S) review and become familiar with these Play Therapy Best Practices and, when deemed appropriate, apply them with the same rigor as is expected of those who are Registered Play Therapists and Supervisors.

H.3 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 as needed.

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

comprehensive understanding of the problem, goals for change, recommend and discuss possible outcomes for their client, and encourage growth in independent functioning.

Privacy

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

SECTION I: RESEARCH AND PUBLICATION

I.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).

I.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 other individual 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 written 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 therapist researchers extend informed consent 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.

I.3 Reporting Results

Information Affecting Outcome

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

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.

I.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. 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.

SECTION J: Use of Technology

J.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.

Email

Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state licensing laws and/or legal and ethical code of their professional organization regarding communication via email with clients. They should advise the client/guardian of the risks and should maintain copies of the communication in the client file.

Text Messaging

Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state licensing laws and/or legal and ethical code of their professional organization regarding communication via text with clients. They should advise the client/guardian of the risks and should maintain copies of the communication in the client file.

Online scheduling

Online scheduling should be secure and encrypted.

J.2 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. It should be non-interactive in nature and should not engage or establish connections with clients.

J.3 Social Media

Play therapists clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

Play therapists use caution when posting personal information on social media, including but not limited to Facebook, Twitter, Snapchat, Instagram, Pinterest, and blogs. Play therapists do not post client information online; make negative comments about clients online; and maintain appropriate ethical boundaries, including respect for client privacy. Play Therapists shall not “befriend” or “follow” a client or a client’s family member on social media as this would be identified as a dual relationship and violate the client’s rights.

Play therapists should not access a client's or a client's family member's social media accounts for the purpose of attaining information not provided directly by the client to the Play Therapist.

J.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, 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. Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state licensing laws and/or legal and ethical code of their professional organization regarding the use of technology in session.

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,
8. Confidentiality issues and applicable federal, state guidelines, and/or legal and ethical code of their professional organization regarding the use of technology is carefully reviewed with clients and guardians of minor clients,
9. When utilizing technology for parent/legal guardian consultations, the play therapist will provide all parties with an informed consent, including the benefits and or limitations of the technology being utilized.

J.5 Distance and Online Supervision *(see also section H, Supervision/Consultation)*

Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state licensing laws and/or legal and ethical code of their professional organization regarding providing distance and online supervision.

Supervisors and supervisees who engage in distance supervision take precautions to ensure that client or supervisee confidentiality is not compromised and that both supervisor and supervised are competent in the technologies being utilized to facilitate the supervision is secure. Play therapists are responsible for ensuring that distance supervision meets the governing laws and ethics of both the supervisor and the supervisee's state laws.

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 another 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.
- Reviewed and revised by Chair Robert Jason Grant (MO), EdD, LPC, NCC, RPT-S, and the Ethics & Practice Guidelines Committee in 2016.
- Next review 2019.

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)
- American Mental Health Counselors Association (AMHCA)