

Play Therapy Best Practices

Clinical, Professional & Ethical Issues



TABLE OF CONTENTS

Preamble	2
Terminology	2
Section A: The Therapeutic Relationship	3
Section B: Caregivers/Legal Guardians and Family.....	10
Section C: Confidentiality.....	12
Section D: Professional Responsibility	15
Section E: Relationships with Other Professionals	18
Section F: Evaluation, Assessment, and Interpretation	20
Section G: Education	21
Section H: Supervision and Consultation	23
Section I: Research and Publication	25
Section J: Use of Technology	28
Disclaimer	32
Best Practices History	32
References	32
Additional Resources	33

Best Practices: Preamble & Terminology

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.

Play therapists are expected to adhere to any and all state, federal and/or country laws, state licensing board requirements and/or all legal and ethical codes promulgated by their primary professional organizations. In the event these Best Practice Guidelines conflict with laws, regulations or other governing legal authority, play therapists are expected to engage in a carefully considered decision-making process, consulting available resources as needed. Play therapists' actions should be consistent with basic principles of human rights. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

Terminology

Play therapy has been shown to be useful and effective with children, families, groups and individuals across the lifespan. The term 'client' will refer to any of these populations. The term 'caregiver(s)/legal guardian(s)' will refer to any person who is legally authorized to make decisions regarding a client's welfare. These include, but are not limited to, parents (either single or married), divorced parents who legally retain guardianship, foster care, 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 and uniqueness of each client while supporting 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 are expected to understand the unique nature of working with a client whose legal consent is given by another party having power in the client's life. Play therapists shall understand that ethically the minor is their client and they represent the minor client, not the caregiver(s)/legal guardian(s), in clinical decision making. However, legally play therapists may also have responsibilities towards their clients' caregiver(s)/legal guardian(s) based on the best interests of their clients. Play therapists should provide 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 shall encourage the advancement of the psychosocial development and positive mental health of clients through play therapy. Play therapists must foster the client's unique curiosity, personal perspective, and felicity which encourages healthy relationships in their life. Play therapists also should foster growth through practicing cultural responsiveness and humility. It is also essential for play therapists to have an adequate understanding of neuroscience, developmentally informed services and play therapy competencies.

Therapeutic Treatment Plans

Play therapists must collaborate with the client and their caregiver(s)/legal guardian(s) in creating a therapeutic treatment plan. Play therapists shall explain the developmentally responsive treatment plan in an understandable manner to the client and their caregiver(s)/legal guardian(s), if applicable. Play therapists are expected to review this plan regularly (i.e., at least every 90 days or as otherwise deemed clinically necessary), which should contain measurable outcome goals and objectives to ensure viability and effectiveness. They also should continue to engage with their clients and involve and support their clients' significant others in achieving the therapeutic goal(s).

Documentation

Play therapists will follow the state, federal and/or country licensing laws, and/or all legal and ethical codes 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,
- Client's gender pronouns, cultural affiliation, and/or presenting challenge(s) or concern(s) of the client,
- 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 environmental assessment,
- Long and short-term goals of treatment,
- Conditions for termination, assessment, and treatment review,
- Client's overall functioning in session,
- Observed play themes and materials used,
- Changes in thought process, mood/affect, play themes, intensity of play, and behavior,
- Clinically significant observations of client with significant other(s),
- Clinically significant observations of significant other(s) when seen separately from the identified child/client,
- Graphic images relevant to client's behavior and goal(s) (i.e., sketches of sand trays, drawings, photographs, video recordings, and etc.) when deemed clinically appropriate or for a justified rationale (i.e., supervision),
- Verbal and non-verbal expressions relevant to behavior and goal(s),

- Documentation in all instances when touch is used therapeutically and/or non-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. If moderate or severe suicidal or homicidal intent, ideation, and/or specific plan is present, a play therapist must document the suggested recommendations and steps taken to ensure the client's safety, which could include a safety plan, the referral(s) to service provider(s), hospitalization, and etc.
- Progress or barriers towards goal(s),
- Obstacles impeding progress in treatment review,
- Interventions and/or coordination with significant others (including family members, caregivers, teachers, physicians, and etc.) in or out of actual session time (i.e., adjunct therapy, referrals, consultations, psychotropic medication review, and etc.),
- Medications, medication changes, and medication side effects when these changes are made known to the play therapist,
- Documentation of rationale for and actions taken with regard to complying with state, federal, and/or country laws and guidelines governing mental health practice (i.e., releases of information and referrals, informed consent form, telemental health consent form, and etc.).

These records, irrespective of the medium in which they are stored (i.e., paper, digital, and/or video), must be safeguarded in every possible manner in accordance with state, federal and/or country licensing laws, including but not limited to HIPAA, and/or all legal and ethical codes of professional organization.

Play therapists must be aware that the user as well as the platform need to be HIPAA compliant when engaging in telemental health services. The play therapists should follow the guidelines from the previously described law(s) and legal and ethical codes when releasing the clients' records and disposing any documentation, video(s), and technology that may contain PHI or ePHI information of their clients.

Educational Needs

If qualified through training and/or experience, play therapists may work with the client and caregiver(s)/legal guardian(s) 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 play therapy. Play therapists shall be 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 with their caregiver(s)/legal guardian(s) consent.

A.2 Respecting Individual Differences

Non-discrimination

Play therapists are expected to not discriminate, condone discrimination, or act in a biased manner based upon age, color, culture, ability difference, ethnicity, gender, race, religion, political affiliation, affectional/sexual orientation, gender identification, gender expression, or socioeconomic status or on the basis of any intersectionality of these identities.

Respect of Individual Differences

Play therapists must actively participate in the provision of interventions that illustrate an understanding of the diverse cultural backgrounds of their clients. Play therapists should further provide adaptive interventions that demonstrate an awareness of gender identity and LGBTQI+ clients. Play therapists ought to be cognizant of how their own identity (i.e., cultural, ethnic, racial, political, and etc.) or biases may influence interventions, application of interventions, and therapeutic philosophy. Play therapists should make every effort to gain knowledge about diverse populations by increase their understanding of multicultural counseling from a social context. Additionally, play therapists shall support and respect the culture, cultural identity, and unique experiences of their clients and families.

A.3 Rights of Clients

Inability to Give Consent

Play therapists must 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, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding who can provide consent. Play therapists shall work to obtain assent for services from minor clients and explain confidentiality and its limitations in a developmentally appropriate way.

Informed Consent

Play therapists should inform clients and/or their caregiver(s)/legal guardian(s) of the purposes, goals, techniques, procedural limitations, potential and foreseeable risks, risks of inconsistent compliance, the use of (therapeutic) touch, and benefits of the services to be delivered. This information will be provided in developmentally (and culturally) appropriate language for the understanding of the client and their caregiver(s)/legal guardian(s). Play therapists will take steps to ensure that clients, and their caregiver(s)/legal guardian(s) understand the implications of diagnosis, treatment modalities, treatment interventions, the intention of assessment 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 caregiver(s)/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 team 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 are expected to seek legal guardian's signature on all consents, including for treatment whenever applicable and when not constricted by state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization.

Freedom of Choice

Play therapists should recognize that the 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 the state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization. However, play therapists will provide the caregiver(s)/legal guardian(s) 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. It is expected that play therapists uphold the mission of APT which in part is to increase public's mental health literacy about play therapy including the appreciation and understanding of play therapy and play therapy competencies.

The play therapist should then assist the client, and caregiver(s)/legal guardian(s) in choosing whether to enter a therapeutic relationship and to determine which professional(s) may provide the most appropriate and potentially efficacious treatment regimen at this time with primary consideration for the best interest of the client.

Play therapists must 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 are obligated to disclose their credentials, any specialized training, or lack of training, as it relates to the presenting challenge(s) or concern(s). Clients may not be able to make the informed decision regarding treatment, but their preferences for the person and approach are taken into consideration as much as possible.

A.4 Clients Served by Multiple Resources

Play therapists must carefully consider the client's 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 are encouraged to (once written permission from the client and/or legal guardian is obtained) consult other professional providers to develop clear agreements over coordination of treatment

planning in order to avoid confusion about each professional's scope of work, 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 play therapist's personal or professional needs at the expense of the client. It is essential that play therapists are aware of, and avoid imposing, their own values, attitudes, beliefs, and behaviors. Play therapists are required to respect the diversity of clients and their families. Play therapists must seek supervision, consultation, personal therapy, and/or training in areas in which they are at risk of imposing their values onto clients and their families, especially when the professionals' values are inconsistent with the client's goal(s) or are discriminatory in nature. Play therapists recognize that the therapy is not about them in any way and assure that their actions and statements in therapy are grounded in supporting the person in therapy to have their therapeutic needs front and center in all clinical interactions.

Therapist Personal Values

Play therapists shall recognize the vulnerability of clients and do not impose personal attitudes and beliefs on their clients. However, this does not mean that play therapists attempt to conduct therapy free of values. Play therapists should 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 affect their clients. Play therapists are obligated to seek out supervision, consultation, personal therapy, and/or personal reflection/reading to make sure their own values, attitudes and beliefs do not negatively impact treatment. Lastly, play therapists must make every effort to understand clients' and caregiver(s)/legal guardian(s) values, attitudes, beliefs, and family structure. Play therapists should convey to their clients and their caregiver(s)/legal guardian(s), the system or basis on which they, as play therapists, make value judgments and decisions in therapy. Play therapists also will not deny services based on the aforementioned non-discrimination clause.

A.6 Dual Relationships

Avoidance

Play therapists must be alert to and guard against inappropriate multiple-role relationships with current or former clients, their families, and their significant others, including, but not limited to, socializing and business arrangements, with the recognition that such relationships could impair professional judgment, increase the risk of harm to the client or exploit the client through personal, social, organizational, business, political, or religious relationships. Play therapists shall take appropriate professional precautions through informed consent, consultation, self-monitoring, supervision, and/or documentation in an unavoidable multiple-role relationship to ensure that judgment is not impaired and no harm occurs. If such unavoidable relationships do occur, it is the responsibility of the play therapist to set clear boundaries in settings outside of therapy. In all instances where play therapists are in doubt, they should consult state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization.

Superior/Subordinate Relationships

Play therapists will 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 must not have any type of sexual intimacies with current or former clients and/or their family members, caregiver(s) or legal guardian(s). Additionally, play therapists may not counsel the family members of persons with whom they have had or are having a sexual relationship. Play therapists ought to avoid actions intended to meet their own needs and maintain the respect and integrity for the clients and their families and/or significant others.

Encouragement of Intimacies

Play therapists shall not encourage inappropriate physical intimacies from current or former clients or the clients' current or former significant others.

Therapeutic Touch

Play therapists are encouraged to recognize the potentially therapeutic value of therapeutic touch, a form of non-sexual touch, in play therapy. However, play therapists will not engage in any form of therapeutic touch without 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 their caregiver(s)/legal guardian(s). Play therapists who are considering the use of therapeutic touch should also be thoroughly familiar with the APT Paper on Touch [*APT (2022) Paper on touch: Clinical, professional, & ethical issues*] and/or the relevant sections of the state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization. Play therapists are advised to consult and comply with policies existing within their practice environment (i.e., agency or school setting) with regard to physical contact with clients.

Inappropriate Sexualized Touching of Therapist by Client

Play therapists must 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 caregiver(s)/legal guardian(s), engage in peer consultation, and/or consult their supervisor if applicable 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 including, but not limited to, siblings, parent(s), caregiver(s)/legal guardian(s), and child, extended family members, and friends, the play therapist shall clarify at the beginning of therapy the potential benefit or disadvantage of doing so.

Family members, caregiver(s)/legal guardian(s) and others involved in counseling/therapy are to be informed of the parameters and limitations of confidentiality and collateral written consent is sought. Confidentiality must be extended to all who receives services, not just the identified client.

A.9 Group Work

Screening

The play therapist should select 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 must take reasonable precautions in protecting clients from physical and psychological trauma.

Confidentiality in Groups

Play therapists should explain to group members, and/or their caregiver(s)/legal guardian(s) (when the group includes those who are legally under guardianship) 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 the rules of the group, consequences need to be enforced for the protection of others.

A.10 Payment

Fee Contract

Play therapists shall clarify the financial arrangements with the party responsible for the fee prior to entering into a therapeutic relationship with the client. Play therapists should 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. In the case of financial burden for the client, the play therapist shall assist the client in accessing comparable, affordable services. The play therapist may adjust the fees if feasible for both therapist and client.

If play therapists intend to use legal measures, including collection agencies, for collecting fees in the event of non-payment, they should include such information in their informed consent documents. They must inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment prior to taking action.

Bartering Versus Pro Bono

Play therapists are discouraged 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. Play therapists should discuss relevant concerns with clients, if appropriate, and their caregiver(s)/legal guardian(s). Play therapists will document the bartering agreement in a clearly written contract. Pro bono service is encouraged. Play therapists must be aware of the state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization governing the use of bartering and pro bono service.

A.11 Termination and Referral

Abandonment and Neglect

Play therapists must not abandon or neglect their clients. Play therapists should assist in making appropriate arrangements for the continuation of treatment, if clinically indicated, during interruptions in care. When the interruption is not initiated by the play therapist, a good faith effort must be made to re-initiate or terminate treatment.

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 play therapists are expected to assist in making appropriate arrangements for the continuation of treatment, if possible. Play therapists will ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners. Play therapists should facilitate transfers in the best interest of making the change as seamless as possible.

Termination

Play therapists are obligated to terminate a therapeutic relationship when treatment goals have been met and/or it becomes reasonably clear that the client is no longer benefiting from treatment, when services are no longer required or are inconsistent, 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 should clearly outline the steps that will be taken toward termination, share it with the client and/or the client's caregiver(s)/legal guardian(s), and document it. Play therapists are advised to consider the following steps when terminating therapy with their clients:

- Explain to the child, in developmentally appropriate terms, the rationale of ending therapy.
- Talk about termination in the last session. Encourage the child to share their thoughts and/or feelings towards termination.
- Plan a termination activity to memorialize therapy and review the progress that the child has made in treatment.

- Talk to the child and/or their caregiver(s)/legal guardian(s) about strategies for managing distressed emotions when they are no longer in therapy. Help the child and/or their caregiver(s)/legal guardian(s) to develop a list of supportive people, especially adults, whom they can seek out when they need help.
- Discuss termination with the caregiver(s)/legal guardian(s). Identify strategies for helping the child adjust, discuss the continued practice of acquired skills on a regular basis, and develop an action plan for regression or relapse with the caregiver(s)/legal guardian(s) and/or the child.

In all cases the play therapist makes good faith effort to provide proper termination or transition services for the client.

SECTION B: Caregiver(s)/Legal Guardian(s) and Family

B.1 Caregiver(s)/Legal Guardian(s)

Caregiver(s)/Legal Guardian(s) in Conflict

Play therapists are expected to comply with state, federal and/or country licensing laws, court orders, and/or legal and ethical code of their professional organization when providing play therapy to children whose caregivers/guardians are 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 process, play therapists should clarify the roles they are willing, confident, and/or legally able to participate in, with the understanding that the play therapist is not a custody evaluator, and, as such, should not make recommendations or give opinions about custody. They should discuss with caregivers/guardians the negative impact that occupying multiple roles could have on the child/therapeutic relationship. Additionally, it is essential that play therapists that taking on dual or multiple roles may be considered unethical, and that it is important to work within one's scope of practice.

Caregiver(s)/Guardian(s) with Differing Legal Rights and Responsibilities

Play therapists must be cognizant of and recognize that caregivers/guardians of minor clients may have specific and differing rights and responsibilities under law for the welfare of the children, including, but not limited to access to records and involvement in treatment planning. To ensure they are adhering to these guidelines, play therapists should obtain the proper documentation as it relates to the client, including, but not limited to: divorce decrees, parenting plans, custody and decision-making decisions, court documents, and guardianship papers. Play therapists shall be respectful of all caregiver(s) and guardians of children, even when their rights may be limited legally. Play therapists should consult their state licensing board, and/or state/country laws to determine what information can and/or should be provided to a non-custodial caregiver(s)/guardian(s) regarding mental health treatment of the child.

B.2 Family

Family Involvement

Play therapists should 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 should ensure that proper consents, and documentation is gathered and in place before disclosing client specific information to non-custodial caregiver(s)/guardian(s), family members, and other significant adults in the child's life.

Play therapists must strive for transparency in treatment planning and include custodial guardians and/or non-custodial caregivers/guardians in the formulation of treatment plans and treatment goals when appropriate, and with proper/necessary consents/documentation.

In the event of gender identity and/or transition, the play therapist should be mindful of the complex feelings that can arise for the client and/or family. If there is a name/gender conflict regarding custodial guardians and/or non-custodial caregivers/guardians' continuation of using the client's deadname, the play therapist should be sensitive to the conflict, while honoring the client's chosen name/pronouns during sessions.

Home-based Intervention

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

Family Interventions

Play therapists are expected to make clear when working with families who the client is and how confidentiality will be handled in the context of individual, custodial/non-custodial caregiver(s)/guardian(s),

and family meetings. Limitations to confidentiality and the use of disclosures should be outlined prior to starting therapy with the client and custodial /non-custodial guardian.

Telemental health Interventions

Telehealth has become a regular mental health intervention, allowing for mental health therapy session to take place in a variety of spaces outside the traditional office space.

Play therapists must make a reasonable effort to ensure privacy for the client and maintain professional boundaries during telemental health sessions. They should educate custodial/non-custodial caregiver(s)/guardian(s), and/or other adults in the client's life regarding the need for privacy and confidentiality and maintenance of professional boundaries in a telemental health therapy session. Play therapists will make reasonable efforts to explain to custodial/non-custodial caregiver(s)/guardian(s), and other significant adults in client's life the challenges and expectations specific to telemental health therapy sessions, including, but not limited to, the use of touch between client and those present, and safeguarding the space the client is in should they have experienced a trauma there.

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 state, federal and/or country licensing laws and/or all legal and ethical codes of their professional organization regarding client confidentiality.

Respect for Privacy for Minor Clients

Play therapists will strive to balance respect for the client's right to privacy with the caregiver(s)/legal guardian(s)' legal right to be/remain informed. Play therapists may disclose relevant information to caregiver(s)/legal guardian(s) except where otherwise prohibited by state, federal, and/or country law and/or legal and ethical code of their professional organizations. Play therapists must determine the clinical importance of any disclosure, even when authorized, and seek guidance regarding the disclosure if it is clinically not supported or against the client's wishes. Play therapists are expected to follow the dictates of the state, federal, and/or country licensing laws and/or all legal and ethical codes of their professional organization that govern disclosure of confidential information while being mindful of clients' best interests. Play therapists should release only that information that is relevant, upon request of outside parties, once the client and/or caregiver(s)/legal guardian(s) has signed proper releases.

Client Assent

Play therapists are obliged to provide developmentally appropriate informed consent to clients and their caregiver(s)/legal guardian(s). Play therapists must obtain informed consent from appropriate parties by following state, federal and/or country licensing laws and/or all legal and ethical codes of their professional organization that govern consent procurement. When clients do not have the capacity, comprehension, and/or voluntariness to give informed consent, assent must be considered. The ultimate goal of assent is for play therapists to act in the best interests of the client at all times when making clinical decisions. Play therapists shall treat the client as the primary participant when making clinical decisions.

Waiver of Client's Right to Privacy

Minor clients cannot waive their right to privacy, unless permitted by state, federal and/or country law, but disclosure of material that is in the best interest of the client may be waived by their caregiver(s)/legal guardian(s). All clients and caregiver(s)/legal guardian(s) need to be informed in a developmentally appropriate manner of the information being disclosed and the reason for the disclosure.

Legal Requirements

Play therapists must be cognizant of and comply with, state, federal, and/or country laws and/or all legal and ethical codes of their professional organization related to confidentiality. Play therapists must keep information confidential except when disclosure is required by law. Play therapists will consult with other health care professionals, supervisors, and seek legal advice when in doubt.

Play therapists should inform clients and their caregiver(s)/legal guardian(s) 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 are encouraged to seek legal advice, consult their supervisor, if applicable, notify necessary parties such as their liability insurance carrier, and in some cases may move to quash the request in order to protect the best interests of their clients. 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.

Minimal Disclosure

When circumstances require the disclosure of confidential information, play therapists shall 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. Minor clients are ethically entitled to a “zone of privacy” in play therapy and play therapists must seek to protect this while following all applicable laws and regulations.

Supervisor/Consultants

When seeking supervision/consultation, play therapists will follow all applicable laws, regulations, and standards to protect the confidentiality of their clients. They should have written agreements in place that identify the practices to maintain confidentiality of client information.

Subordinates

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

Cooperating Agencies

Prior to sharing information, play therapists must 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 shall 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. Play therapists are expected to adhere to their respective laws and regulations regarding document retention and destruction.

Permission to Electronically Document or Observe

Play therapists must obtain written permission from clients and/or their caregiver(s)/legal guardian(s) before video or audio recording or observing the session and/or 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 will not make or permit any public use or reproduction of the client's play, artwork, music, or other creative expression through audio or video recording, photography, or otherwise duplicating or permitting a third-party observation without the written informed consent of the client and/or the caregiver(s)/legal guardian(s).

Play therapists are advised not to display any work created during a therapeutic session. Play therapists must request written permission from clients and/or caregiver(s)/legal guardian(s) to display their artwork made outside of a therapeutic session in the playroom, and such shall take measures to protect the privacy of the client including removing any identifying information.

Play therapists should be mindful of displaying in the playroom any artwork or expressive creation from clients, as this could feel violating or triggering to the client or others. If such a display happens and proper consent has been secured, the play therapist should be mindful of the therapeutic reasons, and the possible risks and benefits, for displaying created works.

Client Access

Play therapists should provide access to copies of the records when requested to do so by the client and/or the caregiver(s)/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 previous providers, physicians, school, and etc.) is prohibited unless state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization would otherwise allow such information to be shared.

Disclosure or Transfer

Play therapists must obtain written permission from the client (i.e., emancipated teen) and/or caregiver(s)/legal guardian(s) of the client to disclose or transfer records to legitimate third parties unless doing so would compromise the client.

C.4 Telemental Health

Play therapists are expected to use HIPAA compliant telemental health platforms. Play therapists should work with clients and/or caregiver(s)/legal guardian(s) to insure a confidential and private space for telemental health sessions. Play therapists must also ensure their own space for providing telemental health services is a confidential and private space. Play therapists will make certain that they have a direct method to contact caregiver(s)/legal guardian(s), should in-person support of the client become necessary during a telemental health session. Play therapists should discuss with the client and/or caregiver(s)/legal guardian(s) any limitations to confidentiality as a result of telemental health services.

SECTION D: Professional Responsibility

D.1 Knowledge of Standards

Play therapists shall maintain current and accurate knowledge of state, federal and/or country licensing laws, statutes, and regulations including but not limited to HIPAA, and/or all legal and ethical codes of their professional organization. Play therapists are responsible for reading and understanding these Play Therapy Best Practices.

D.2 Professional Competencies

Boundaries of Competence

Play therapists must practice only within the scope of their competence. Competence is based on training, supervised experience, professional credentials (i.e., state, federal, and international), and professional experience. Play therapists will commit to continual knowledge acquisition and/or skill development pertinent to working with a diverse client population. Play therapists are familiar with, understand, and strive to stay current with the identified Play Therapy Competencies [*APT (2022a) Play Therapy Competencies: APT Professional Credentialing Program*].

New Areas of Specialty

Play therapists should practice a new specialty only after appropriate education, training, and supervised experience. Play therapists are encouraged take steps to ensure the competence of their work while developing skills in the new specialty. Play therapists must maintain documentation of training in new specialty areas.

Employment Qualifications

Play therapists should accept employment for positions only for which they are qualified. Qualifications are determined by education, training, supervised experience, professional credentials (i.e., state, federal, and international), and professional experience. Play therapists will hire only individuals who are qualified and competent.

Monitor Effectiveness

Play therapists are expected to monitor their effectiveness as professionals and pursue ongoing peer consultation, training, education, and/or supervision. Play therapist supervisors must work to monitor play therapy supervisee's effectiveness and support supervisees.

Advocacy

Play therapists should advocate for the public understanding, appreciation, application, and effectiveness of play therapy.

Ethical Consultation

Play therapists are advised to consult state, federal, and/or country licensing laws, legal and ethical codes of their professional organization, professional standards, knowledgeable professionals and/or supervisors concerning questions regarding ethical obligations or professional practices.

Play therapists use and document, as appropriate, a credible ethical decision-making model. Play therapists also consider principles; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

Continuing Education/Training

Play therapists must acquire continuing education to maintain awareness of current research and best practice 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 with. Play therapists will ensure that they have on-going training in cultural and social diversity in play therapy.

Therapist Impairment

Play therapists should 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 expected to monitor themselves for signs of impairment and, as needed, seek assistance, set limits on their practice, temporarily suspend their practice, and/or terminate their practice and professional responsibilities if necessary. Additionally, play therapists must be alert to signs of impairment in colleagues with whom they work or have consultation/supervision. Play therapists should assist colleagues in recognizing their own professional impairment and provide consultation and assistance when warranted with such colleagues showing sign of impairment and intervene as appropriate to prevent imminent harm to clients. Play therapists shall continually engage in self-care activities to help maintain their emotional, physical, and mental state to better serve their clients and meet their professional responsibilities.

D.3 Advertising and Soliciting Clients

Accurate Advertising

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

Testimonials

Play therapists should not solicit testimonials or professional reviews from clients nor respond to reviews posted. However, when such are freely offered by the client and/or caregiver(s)/legal guardian(s), the play therapist must make every effort to protect the client or caregiver(s)/legal guardian(s) identity and confidentiality.

Statements by Others

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

Professional Association Involvement

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

D.4 Credentials

Credentials Claimed

Play therapists must 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™
- J. Doe, School Based-Registered Play Therapist™

Credential Guidelines

Registered Play Therapists™, Registered Play Therapist-Supervisor™, and School-Based Registered Play Therapists™, adhere to the [credentialing guidelines](#) that have been set forth by the Association for Play Therapy.

Play therapists should never misrepresent their credentials and are advised to 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 protected acronyms and only market and or reference themselves as appropriate by state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization.

D.5 Public Responsibility

Non-discrimination

Play therapists will not discriminate, condone discrimination, or act in a biased manner based upon age, color, culture, ability status, ethnicity, gender, race, religion, political affiliation, affectional/sexual orientation, gender identification, gender expression, socioeconomic status and/or any intersectionality of these identities.

Third Party Reports

Play therapists must strive to be aware of and minimize bias, present accurate information, and put forth honest reporting when 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 should 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 should never use the power of their positions to exploit their clients and/or their caregiver(s)/legal guardian(s) for unearned or unfair gains, advantages, goods, or services.

D.6 Responsibility to Other Professionals

Different Approaches

Play therapists are encouraged to respect theoretical orientations to play therapy that diverge from their own. Play therapists should strive to be aware of and always acknowledge the traditions and practices of other professional disciplines.

Personal Public Statement

Play therapists are expected to clarify that they are speaking from their own distinct personal and professional perspectives and that they are not speaking on behalf of APT, Chartered Branches, National/International play therapy organizations, other play therapists or the field of play therapy, when offering a personal statement in public context.

Clients Served by Others

Play therapists must obtain written authorization from clients and/or caregiver(s)/legal guardian(s) 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 should 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 should be specified and made known to those affected.

Disruptive or Damaging Conditions

Play therapists should inform their employers about disruptive or damaging conditions in the work setting that may affect their ability to carry out their professional responsibilities as a play therapist in an effective and ethical manner.

Peer Review

Play therapists shall seek out and participate in professional review and evaluation by supervisor, employer, or peer group as needed. It is encouraged that play therapists engage in regular consultation when deemed appropriate and/or necessary.

Professional Development

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

Contracting Play Therapy Supervision

Play therapists who receive supervision must review the contract with their play therapy supervisor during the informed consent and intake process. If a play therapist needs a play therapy supervisor outside of the agency, this is communicated to all parties involved in the treatment and appropriate paperwork steps are taken.

Goals

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

Professional Conduct

Play therapists must make every effort possible to maintain professional conduct in all professional settings including but not limited to (i.e., employment location, conferences, workshops, internship sites, virtually, and etc.).

Employer Policies

Play therapists should strive to reach agreement with employers regarding the Play Therapy Best Practices. This document may assist play therapists in educating their employers and to facilitate changes in institutional policy conducive to the therapeutic relationship.

E.2 Fees for Referral

Accepting Fees from Agencies

Play therapists should refuse a private fee or remuneration for providing services to persons who are entitled to such services through the play therapist's employment setting. Play therapists also will not accept referral fees.

E.3 Subcontracting

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

E.4 Relationships with Other Related Professions

Continuity of Care/Multidisciplinary Approaches

Play therapists should be encouraged to collaborate with other professionals such as (but not limited to) occupational therapists, teachers, and therapists of caregiver(s)/legal guardian(s), with the intent of supporting client's well-being outside of the play therapy room. A release of information must be signed and agreed upon by the caregiver(s)/legal guardian(s) prior to collaboration.

Mental Health Literacy Advocacy

It is important for play therapists to advocate for play therapy mental health literacy. This is emphasized in the APT mission statement, which states that play therapists work to “promote understanding and appreciation of play and play therapy” (APT, 2022b, para. 3) . Play therapists, when appropriate, should work to educate other professionals including medical, teachers, administrators, and caregivers, on the therapeutic model of play and the benefits of play therapy.

Play therapists are encouraged to purchase and provide APT brochures designed for medical professionals including pediatricians and psychiatrists to promote the benefits of play therapy and develop a collaborative relationship. Through the process of education and collaboration, play therapists can advocate for children's mental health needs (Hindman et al., 2022). Play therapists can encourage medical professionals to display free APT play therapy brochures as well as the Introducing Andrew video in their waiting room televisions or office check-in iPads (Hindman et al., 2022) to enhance services to families from different cultural backgrounds (APT, 2022b).

SECTION F: Evaluation, Assessment, and Interpretation

F.1 General

Play therapists should recognize the limitations of their competence and perform only those assessment services for which they are obtaining supervision guidance or sufficiently trained. Play therapists should conduct services in accordance with their state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organizations.

Play therapists are advised to provide the client and/or caregiver(s)/legal guardian(s) information pertaining to the scope of assessments whether considered or administered. This information includes but is not limited to: informed consent procedures for assessments; risks and benefits; assessment rationale, steps, and methods of facilitation; the person(s) who will receive the results of the assessment; and any follow-up sessions to discuss findings from the evaluation.

Play therapists will obtain training in the delivery, scoring, and interpretation of the assessment tools which they utilize. Play therapists should access relevant research on the development of current evidenced assessments including but not limited to: the norms of the assessment tools; the appropriate use of populations; reliability/validity of testing instruments; the use of language for the testing tools, and the limitations of assessment results. Play therapists must consider the implications and limitations of assessment results and recommendations made from the findings of those assessments.

Play therapists abide by their state, federal and/or country laws, state licensing board requirements and/or all legal and ethical codes promulgated by their primary professional organizations in relation to performing assessments and/or the use of psychological assessments outside their scope of practice.

Play therapists are expected to use only current, valid, and reliable evidenced assessment tools appropriate for the client. Reliable and client appropriate assessments that take into account age, gender, ability, race, language, cultural, and sexual orientation along with any other identified client characteristics specific to the assessment.

F.2 Proper Diagnosis of Mental Disorders

Proper Diagnosis

Play therapists must take special care to provide, when necessary and/or clinically appropriate, a diagnosis of mental disorder(s) and to re-evaluate such diagnoses as more information becomes available or treatment progresses. In an effort to strengthen appropriate diagnosing, play therapists should be familiar with the current updated versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM.) In addition, it is expected that play therapists will provide clients with the most up to date treatments based on research and updated recommendations.

The appropriateness of making any diagnosis should consider the broad base of impacts (positive and negative) that may reasonably result from such an action. For this reason, play therapists should take into consideration the client's strengths and challenges, mental status, emotional stability, intellectual ability, interests, achievement levels, and other characteristics for diagnosing mental disorders.

Sensitivity to Individual vs. Group Differences

Play therapists should recognize that trauma, culture, gender, developmental age, chronological age, family systems, and affectional/sexual orientation affect how clients' symptoms present and are conceptualized. It is crucial that play therapists are sensitive to the effects of how individual, group, and subgroups differences influence 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.6, Distance & Online Supervision)*

Educators as Teachers and Practitioners

Play therapists are encouraged to facilitate education and clinical training as described in the Play Therapy Best Practices. Play therapist educators are urged to notify their Chartered Branch of play therapy trainings to increase awareness of training opportunities.

Relationship Boundaries with Students and Supervisees

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

Sexual Relationships

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

Contributions to Research

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

G.2 Training Programs

Orientation

Play therapists should 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, must integrate current scholarly research and, whenever possible, evidence-based clinical practice.

Teaching Ethics

Play therapist supervisors or trainers are expected to educate students and supervisees with regard to the ethical requirements and standards of the practice related to their discipline and foster an understanding of how such ethics and practice standards uniquely apply in the practice of play therapy.

Peer Relationships

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

Cultural and Social Diversity

Play therapists shall actively and continually participate in a process by which they strive to 1) become and remain aware of their own cultural backgrounds, influences, beliefs, biases and perspectives, including but not limited to, religion, political affiliation, gender, affectional/sexual orientation, ability status, ethnicity, gender identity/expansion, gender expression, 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 are obligated to 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) should be attached to all materials and modes of dissemination, including but not limited to, video, handouts, worksheets, 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/or caregiver(s)/legal guardian(s), should be informed in advance when there will be a sharing of specific treatment/case information. In all cases it is the responsibility of both the supervisor and supervisee to be aware of, and adhere to all state, federal and/or country licensing laws, including but not limited to HIPAA, and/or all legal and ethical codes of professional organization.

Supervision

A formal, professional clinical role which is recognized and defined by relevant state, federal and/or country licensing laws, and/or all legal and ethical codes of professional organizations, as well as the professional guidelines of the supervisee's professional organization 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. As such, the supervisor maintains liability for the supervisee's clinical work.

Consultation

A less formal professional relationship, wherein clinical information is shared without liability concerns, between two or more clinicians for the purpose of education or case review and professional advice. Consultation may include the sharing of general ideas, clinical concerns and/or specific client information.

H.1 Supervision

Supervision Preparation

Play therapists offering clinical supervision services should ensure that they are adequately trained in supervision methods and supervisory skills. States, countries, and mental health governing bodies may each have specific requirements to indicate that supervisors are sufficiently prepared. It is the supervisor's responsibility to meet the requirements of governing and credentialing organizations prior to assuming a supervisory role. Both the supervisor and supervisee should be aware of these criteria prior to beginning a supervisory relationship.

The Association for Play Therapy has established requirements for those who are credentialed as a Registered Play Therapist-Supervisor™, (RPT-S™). The requirements are designed to protect the standards required and expected of those who are pursuing the play therapy credentials of Registered Play Therapist™ (RPT™), or School Based-Registered Play Therapist™ (SB-RPT™). Therefore, to be able to provide supervision to mental health professionals who are pursuing the RPT™ or SB-RPT™ credential, the supervisor must maintain the RPT-S™ credential in good standing throughout the supervision process, and be aware of the [Play Therapy Competencies](#).

Although the RPT-S™ credential is not required for play therapists who are providing supervision to those not pursuing an APT credential, these supervisors are still expected to follow play therapy best practices, including those related to supervision and consultation.

Responsibility for Services to Clients

Play therapist supervisors should ensure that play therapy services provided to clients are professional and of high quality. Play therapist supervisors shall be familiar with the knowledge, skills and abilities of their supervisees. Supervisors are expected to monitor growth and development of supervisees through clinical observation of sessions. Play therapist supervisors should not recommend unqualified students or supervisees for licensure, credentialing, employment, or completion of an academic or training program.

Clinical Supervision Contract

Prior to beginning a supervisory relationship, play therapist supervisors and supervisees should both sign off on a contract or agreement form. This document should be inclusive of administrative and clinical aspects of supervision (i.e., credentials, fees, maintenance of supervision records and the model(s) of supervision typically used while providing such services). Play therapist supervisors should be mindful of state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding supervisory contracts and must adhere to these guidelines. The APT Resource

Page contains a sample supervisor contract that play therapist supervisors may tailor to meet their needs and specific requirements.

Supervisors must maintain credentials to supervise at their state level and must advise supervisees immediately of any change in their status/ ability to provide supervision. Supervisees may request, and should be provided proof of supervisor's credentials to supervise.

Appropriate discussion points between supervisor and supervisee should include, but are not limited to, state and/or country licensing laws, professional liability insurance, compliance with APT Best Practices, relevant code of ethics and ethical decision-making models, informed consent, dual relationships, duties of supervisor and supervisee, case treatment records and billing options, and termination of supervision and/or consultation. Theoretical orientation and training and experience should also be disclosed.

H.2 Consultation

Providing Consultation

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

Consultant Competency

Play therapists should ascertain the organization represented has professional 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 and goals for change, recommend and discuss possible outcomes for their clients, and encourage growth in independent functioning.

Privacy

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

H.3 Supervisees

Limitations

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

Self-Disclosure

Play therapists should educate students and supervisees making them aware of the ramifications of self-disclosure, both positive and negative, and ensure adherence to all standards of ethical conduct in doing so.

Therapy for Trainees and Supervisees

If a supervisee requests therapy or a supervisor determines there is a need for the supervisee to obtain therapy, supervisors should assist supervisees in identifying appropriate services.

Standards for Supervisees

Play therapy supervisees preparing to become a Registered Play Therapist™ (RPT™), Registered Play Therapist-Supervisor™ (RPT-S™), or School Based-Registered Play Therapist™ (SB-RPT™), should review and become familiar with the APT authored *Play Therapy Best Practices* and *Paper on Touch*, as well as ethical decision-making models specific to their educational, governing, licensing, and credentialing bodies. When deemed appropriate, supervisees are expected to apply these standards with the same rigor as is expected of those who are hold the RPT™, RPT-S™, or SB-RPT™.

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 ethical standards regarding research promulgated by their state, federal, and/or country licensing laws, and/or all legal and ethical codes of their professional organization as well as university regulations if warranted.

Use of Human Participants

Play therapists follow guidelines of ethical principles, state, federal, and/or country licensing laws, institutional/agency/university regulations, and protocol, when planning, conducting and reporting results of research using human participants. Play therapists conducting research are responsible for the participants' welfare and take reasonable precautions to avoid any harm related to cognitive, physical, social, emotional and developmental effects on their 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.

Principal Researcher Responsibility

The principal play therapy researcher is responsible for ethical research practice; however, co-researchers are responsible to ensure research practices are ethical and no harm is done to research participants.

Minimal Interference

Play therapist researchers will ensure that all precautions are taken to avoid any 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 and developmentally appropriate language in obtaining informed consent from research participants.

Both the verbal and written informed consent processes should include ALL of the following:

1. Specifically explains the research purpose and procedures,
2. Identifies experimental or relatively non-normative 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, 2016).

Voluntary Participation

Participation in research is 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 individuals may be granted access to such information, ethical practice requires that a plan for ensuring confidentiality is in place and explained to the participants and consent is given.

Persons Incapable of Giving Informed Consent

When a client is incapable of giving informed consent due to barriers of understanding caused by language capacities (expressive and/or receptive), current functioning level, and/or cognitive limitations, play therapy researchers endeavor to provide an explanation to the participant in the simplest and most respectful way possible, and obtain client and/or caregiver agreement for participation and appropriate written consent.

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 gain informed consent in accordance with grant funded provider guidelines at the beginning of the study and continue to do so throughout the study and as conditions warrant. Play therapist researchers ensure that grant funded research reports are completed and provided for completion of the grant.

I.3 Reporting Results

Information Affecting Outcome

Play therapist researchers clearly describe all relevant variables that may have affected the study outcome. Play therapists avoid engaging in fraudulent research, distortion or misrepresentation of data, or deliberately biasing their results. Researchers are transparent with the limitations of their research study.

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 works on the topic, adhere to copyright laws, and give appropriate credit for works cited.

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 principal 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 and Telemental Health

J.1 Online Communication

Play therapists must take precautions to ensure the confidentiality of information transmitted through any means. Play therapists shall guard the identity of their clients when conducting play therapy and when consulting with other professionals electronically. For telemental health, this begins with the appropriate selection of a HIPAA compliant platform through which such counseling/consultation services will be provided. With regard to communications outside of the therapy sessions themselves, play therapists should take steps to encrypt and/or leave out identifying client's information (whenever appropriate and possible) when using electronic communications of any kind. Play therapists should inform clients and caregiver(s)/legal guardian(s) of the steps taken to ensure client confidentiality and privacy related to online and electronic communications and telemental health services.

Play therapists will make all reasonable efforts to confirm the identity of the identified client as well as their caregiver(s)/legal guardian(s). This includes following all related guidelines present in the regulations of their state, federal, and/or country licensing laws, and/or all legal and ethical codes of their professional organization.

Email

Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state, federal, and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding communication via email with clients. Play therapists should advise and review with the client and/or caregiver(s)/legal guardian(s) the potential risks and benefits together with confidentiality and privacy limits of email communications (whether for a more business use such as in relation to scheduling or for a more informational use such as sharing status information or informing of contact with a school or other provider). This review and consent to use email communications should be documented in the client's records. Additionally, the receipt and content of informational email communications should be maintained in the client's file.

Text Messaging

Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding communication via text with the clients. Play therapists should advise and review with the client and/or caregiver(s)/legal guardian(s) the potential risks and benefits together with confidentiality and privacy limits of texting communications (whether for a more business use such as in relation to scheduling or for a more informational use such as sharing status information or informing of contact with a school or other provider). This review and consent to use texting communications should be documented in the client's records. Additionally, the receipt and content of informational texted communications should be maintained in the client's file.

Online scheduling

Online scheduling should be secure and encrypted and meet HIPAA compliance standards.

J.2 Web Sites

Play therapists who maintain professional sites online are expected to comply with their state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization. HIPAA formats and logins will be utilized whenever possible with regard to contacts with or related to client treatment and services.

J.3 Social Media

Play therapists shall 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 will use caution and professionalism when posting information or participating in social media sites. Play therapists must never post client's information or content from play sessions online; will not make negative comments about the clients online; shall not 'friend' or accept 'friend' requests from clients or the client's caregiver(s)/legal guardian(s); and will work diligently to maintain appropriate ethical and professional boundaries, including respect for client's privacy. Play therapists should not access a client's or a client's family member's social media account(s) 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, must become fully aware of the potential benefits and limitations of this technology, and review the content to ensure appropriateness. Play therapists will employ software and hardware tools that adhere to security best practices and applicable legal and ethical standards for the purposes of protecting privacy and ensuring that records are not lost or damaged. Play therapists should refer to the most up to date HIPAA regulations and/or the guidelines from their state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding the use of technology in session.

Also, play therapists must ensure that:

1. The client is developmentally capable of using and benefiting from the technology by following professional practice guidelines in relation to the chronological age of the youth as well as consideration of the developmental age,
2. The technology that is appropriate to the clinical application,
3. The technology meets the needs of the client and is culturally appropriate,
4. The client or caregiver(s)/legal guardian(s) understands the purpose and operation of the technology,
5. The use of the technology is consistent with the treatment goals,
6. The client and caregiver(s)/legal guardian(s) fully understand the potential benefits and limitations of the technology,
7. All possible efforts are made to protect the client's identity that may otherwise be compromised through the use of the technology,
8. Confidentiality issues and applicable state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding the use of technology is carefully reviewed with the clients and caregiver(s)/legal guardian(s) of minor clients,
9. When utilizing technology for caregiver(s)/legal guardian(s) consultation, the play therapists will provide all parties with a written informed consent.

J.5 Use of Telemental Health in Play Therapy

Play therapists are encouraged to seek training, supervision, educational opportunities, and peer mentorship in order to establish and maintain high quality telemental health care. Since this is a relatively new approach, play therapists must remain alert to and commit to reviewing emerging data regarding evidence-based practice specific to telemental health in play therapy. It is recommended that play therapists review Ethical considerations for implementing telemental health in play therapy: A reflective exercise for play therapists based on the Association for Play Therapy's best practice guidelines (Dugan, Ray, & Kenney-Noziska, 2019)

Informed consent should be obtained as an in-person signed agreement when possible. However, opting for telemental health treatment may be due to significant challenges to attending in-person sessions. It is, therefore, acceptable in those situations when only remote telemental health services are reasonable to provide treatment related paperwork electronically (including email) or by mail. Such information should include policy statements (related to confidentiality, clients' rights, telemental health and/or billing), consent to treatment forms, and release of information forms. Those forms requiring signatures may be completed using an electronic signature (via a HIPAA compliant platform) or completed by hand and returned to the clinician via pdf attachment or return mailing.

In these situations, the play therapist should document in the treatment notes: (a) the reason for utilizing telemental health rather than in-person treatment; (b) the manner in which policy statements and documents needing signature were provided to and plan for return from client or caregiver(s)/legal guardian(s); and (c) for situations when sessions are held prior to the return receipt of the signed consent to treatment forms, note of the verbal and/or written (such as via email) consent to treatment including from whom, when and in what format (though such does not negate the need for obtaining properly signed documentation).

The client or caregiver(s)/legal guardian(s) is responsible for creating a safe and confidential space during play therapy sessions. The environment should facilitate the assessment or the play session, particularly of younger children, by providing an adequate room size, furniture arrangement, toys, and activities that allow the youth to engage with the accompanying caregiver(s)/legal guardian(s) and provider and demonstrate developmental age-appropriate skills. The environment should also be difficult or impossible for people outside the space to hear the interactions. Play therapists should educate and assist the client and caregiver(s)/legal guardian(s) about these environmental requirements during the intake process.

Play therapists must also ensure that the client and caregiver(s)/legal guardian(s) fully understand the potential benefits and limitations of the telemental health through the use of technology.

- These benefits include but are not limited to: accessibility to services in places that may not otherwise be available, increased convenient, being less prone to delay than in person meetings, offer an alternative when unable to travel to the play therapist's office, more suited for the clients who are accustomed to technology, decreased self-consciousness, increased personal space, fewer confidentiality concerns, the opportunity to have a play therapist from outside the community, and the opportunity to make improved progress on play therapy goals that may not have been otherwise achievable without telemental health.
- These limitations include but not limited to: technical and equipment failures, possible risks to confidentiality, and decreased access to the play therapist when needing direct intervention in a crisis management or emergency situation.

Play therapists should be mindful that telemental health will not be not a good fit for every client. Play therapists shall evaluate before providing telemental health services to the clients and continuously assess if working via telemental health is appropriate for the clients and their families.

- If it is not appropriate, play therapists will help the client or caregiver(s)/legal guardian(s) find alternative options to continue services. If the client or caregiver(s)/legal guardian(s) raises questions or concerns about using telemental health, play therapists will not terminate services, but will work with the client and/or caregiver(s)/legal guardian(s) to resolve challenges or concerns.
- Client and caregiver(s)/legal guardian(s) reserve the right to stop receiving telemental health services at any time without prejudice.
- Client, caregiver(s)/legal guardian(s), and/or play therapist will not record telemental health sessions or take screenshots or other visual images without prior written informed consent from all parties. If play therapists wish to record the play therapy session, they will explain the purpose, methodology, and safe-keeping practice.
- A plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises during the initial phase of treatment.
- The identification or verification of client's physical location in the beginning of each session, in case an emergency, or mental health crisis arises. Play therapists document the address in the clients' records.
- Play therapists should consider the competence in the use of technology of the clients and how bandwidth, screen size, and camera functionality all affect the youth's developmental assessment, including, appreciation of motor skills, language abilities, interests, and relatedness.

When conducting a telemental health session to an out-of-state or international client, play therapists will review and comply with relevant state, federal and/or country licensing requirements and limitations, and/or all legal and ethical codes of their professional organization.

J.6 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, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organization regarding providing distance and online supervision.

Supervisors and supervisees who engage in distance supervision take precautions to ensure that the client's or the supervisee's confidentiality is not compromised and that both the supervisor and the supervisee are competent in the technologies being utilized to facilitate a secure supervision. Play therapists are responsible for ensuring that distance supervision for both the supervisor and the supervisee's meet all state, federal and/or country licensing laws, and/or all legal and ethical codes of their professional organizations.

The supervisor may consider the range of telemental health training resources (i.e., online resources, readings, guidelines, and etc.) to support the supervisee's learning experience. In addition, supervisors should be aware that videoconferencing-based supervision or "tele-supervision," has the potential to introduce innovative ways to extend supervision opportunities.

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 (i.e., 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™, SB-RBT™ 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, LMFT, RPT-S, and task force members Norma Kimrey Colwell, EdS, RPT-S, Jo Anne Mitchell, LPC, RPT-S, Jayne Smith, LPC, RPT, Karla Carmichael, PhD, LPC, RPT-S, and Sandi Frick-Helms, PhD, RPT-S.
- Reviewed but not revised by Chair Jeff Ashby, PhD, and the Ethics & Practices Committee in 2006.
- Reviewed and revised by Chair Lawrence Rubin, PhD, LMHC, RPT-S, and a special Ethics & Practices Task Force in 2009.
- Reviewed and revised by Chair Gerra Perkins, PhD, LPC-S, RPT, and a special Ethics & Practices Task Force in 2012.
- Reviewed and revised by Chair Robert Jason Grant, EdD, LPC, NCC, RPT-S, and the Ethics & Practice Guidelines Committee in 2016.
- Reviewed and revised by Tony Lai, MA LPC, RPT-S, and the Ethics & Practice Guidelines Committee in 2019
- Reviewed and revised by Chair Laura Fazio-Griffith, PhD, LPC-S, RPT-S, and the Ethics & Practice Guidelines Committee in 2022. Lead reviewers included: Ted Borkan, PhD, RPT-S; Rebekah Byrd PhD, LCMHC, LPC, RPT-S; Brooke Harris MA, LPC, RPT-S; Margaret Hindman PhD, LPC, RPT; Theresa Libios, MA, CMHC, LPC; Lisa Anderson Mangan MEd, LCPC, RPT-S; Priscilla Reyna-Vasquez PhD, LPC-S, RPT-S; Alyssa Swan PhD, LCPC, RPT; Reynada Wall, MSW, LCSW; Ru-Chi Yang, PhD, RPT-S.
- Next review 2025.

References

- American Psychological Association, *Ethical Principles of Psychologists and Code of Conduct* (Washington, DC: American Psychological Association, 2017), <https://www.apa.org/ethics/code/>.
- Association for Play Therapy. (2022). *Paper on Touch*. https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/resource_center/Paper_on_Touch_2022_-_Final.pdf
- Association for Play Therapy. (2022a, May 4). *Play Therapy Competencies: APT Professional Credentialing Program*. https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/credentials/play_therapy_competencies.pdf
- Association for Play Therapy. (2022b, May 4). *APT store: Brochures*. <https://www.a4pt.org/store/ListProducts.aspx?catid=382618>
- Dugan, E., Ray, D. C., & Kenney-Noziska, S. (2020) Ethical considerations for implementing telemental health in play therapy: A reflective exercise for play therapists. *Play Therapy, 15* (1), 34-37. https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/telehealth/Dugan_Ray_SKN_-_Telemental_H.pdf
- Hindman, M. L., Perryman, K. L., & Robinson, S. E. (2022). The adult public's perception of the utility of play therapy. *International Journal of Play Therapy, 31*(1), 34-45. <https://doi.org/10.1037/pla0000164>

Additional Resources

- American Academy of Child and Adolescent Psychiatry (2014). *Code of ethics*. https://www.aacap.org/App_Themes/AACAP/docs/about_us/transparency_portal/aacap_code_of_ethics_2012.pdf
- American Art Therapy Association. (2013). *Ethical principles for art therapists*. <https://arttherapy.org/wp-content/uploads/2017/06/Ethical-Principles-for-Art-Therapists.pdf>
- American Association for Marriage and Family Therapy. (2015). *Code of ethics*. https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
- American Counseling Association. (2014). *2014 ACA code of ethics*. <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). <https://www.apa.org/ethics/code/>
- American School Counselors Association. (2022). *ASCA ethical standards for school counselors*. <https://www.schoolcounselor.org/getmedia/44f30280-ffe8-4b41-9ad8-f15909c3d164/EthicalStandards.pdf>
- Campbell, L. F., Millan, F., & Martin, J. N. (2018). *A telepsychology casebook: Using technology ethically and effectively in your professional practice*. American Psychological Association.
- Clarke, M. A., Moore, J. L., Steege, L. M., Koopman, R. J., Belden, J. L., Canfield, S. M., Meadows, S. E., Elliott, S. G., & Kim, M. S. (2016). Health information needs, sources, and barriers of primary care patients to achieve patient-centered care: A literature review. *Health Informatics Journal*, 22(4), 992–1016. <https://doi.org/10.1177/1460458215602939>
- COVID-19: Telemental Health Laws Update. <https://www.ebglaw.com/covid-19-telemental-health-laws-update/>
- Cutilli, C. C. (2010). Seeking health information: What sources do your patients use? *Orthopedic Nursing*, 29(3), 214–219. <https://doi.org/10.1097/NOR.0b013e3181db5471>
- Gilbertson, J. (2020). *Telemental Health: The Essential Guide to Providing Successful Online Therapy*. PESI Publishing & Media.
- Hull, K. (2016). Technology in the playroom. In K.J. O'Connor, C. Shaefer & L.D. Braverman (Eds.), *Handbook of play therapy*. (2nd ed., pp. 613-627). John Wiley and Sons.
- Jeffrey, J., Marlotte, L., Hajal, N.J. (2020). Providing telebehavioral health to youth and families during covid-19: Lessons from the field. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1), S272-S273. doi:10.1037/tra0000817
- Luxton, D. D., Nelson, E.-L., & Maheu, M. M. (2016). *A practitioner's guide to telemental health: How to conduct legal, ethical, and evidence-based telepractice*. American Psychological Association.
- National Association of School Psychologists. (2020). *The professional standards of the national association of school psychologists*. <https://www.nasponline.org/standards-and-certification/nasp-2020-professional-standards-adopted>
- National Association of Social Workers. (2021). *NASW code of ethics*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- National Board for Certified Counselors. (2016). *Code of ethics*. <https://www.nbcc.org/assets/Ethics/NBCCCodeofEthics.pdf>
- O'Connor, E. E., & Langer, D. A. (2019). I heard it through the grapevine: Where and what parents learn about youth mental health treatments. *Journal of Clinical Psychology*, 75(4), 710–725. <https://doi.org/10.1002/jclp.22706>
- Professional Association Codes of Ethics and Guidelines on Health, E-Therapy, Digital Ethics, & Social Media. <https://www.zurinstitute.com/ethics-of-telehealth/>
- Rains, S. A. (2007). Perceptions of traditional information sources and use of the world wide web to seek health information: Findings from the health information national trends survey. *Journal of Health Communication*, 12(7), 667–680. <https://doi.org/10.1080/10810730701619992>
- Robertson, H. C. (2021). *Distance counseling and engaging in telemental health: A counselor's guide to decisions, resources, and practice*. Springer.
- Stone, J. (2019). *Integrating technology into modern therapies: A clinician's guide to developments and interventions*. Routledge.
- Stone, J. (2021). *Digital play therapy: A clinicians guide to comfort and competence*. Routledge.
- Stone, J. (2021). *Play Therapy and Telemental Health: Foundations, Populations, and Interventions*. Routledge.