



Policy Guidance for Play Therapists Continuing to Practice During the Covid 19 Pandemic

1. Background

- 1.1 BAPT recognises that we are all continuing to live in extraordinary times, with unprecedented levels of challenges as we seek to continue to practice our profession. This document aims to supplement the previously published Interim Guidance and will continue to be updated as and when necessary.
- 1.2 Whereas the previous advice aimed to discuss the needs of children currently receiving therapy, this new document will aim to continue to address working with existing clients, but will also address the potential necessity to take on new clients, given that social distancing measures are likely to be an important aspect of our lives moving forwards. Whilst that in itself presents a variety of challenges, it is important for BAPT to acknowledge the difficulties facing our members in this current climate. As Play Therapists, we are going to have to adapt to these new parameters of working and find ways to ensure the needs of our clients and those of ourselves are met.
- 1.3 Play Therapists have a duty of care to their clients and provide therapeutic interventions within the scope of their practice and level of competency. They should gain appropriate training, knowledge and supervision to do so. BAPT expects that all members will practice both ethically and professionally during the Covid 19 pandemic, ensuring the integrity and efficacy of Play Therapy services.

2. Statutory Guidance

- 2.1 BAPT recognises that our members have had to change their working practices significantly. However, before we issue any new advice and policy, it is necessary to ensure that all statutory guidance is followed. Below are the web pages detailing the different statutory guidance on the Covid 19 pandemic for the relevant regional governments. As well as this information, there may be additional advice from the various Public Health websites that will be useful for Play Therapy practice.

<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-individuals-and-businesses-in-scotland>

<https://gov.wales/coronavirus>

<https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19>

- 2.2 The U.K. Government also has an update service for any changes in statutory guidance that are issued. BAPT recommends that if possible, members sign up to this service. The web link is found below:

<https://www.gov.uk/email-signup?link=/government/topical-events/coronavirus-covid-19-uk-government-response>

3. Employer Working Practices

- 3.1 BAPT recognises that our Play Therapists are both employed and work in private practice. These guidelines have been designed to cover all forms of employment, but BAPT recognises that on occasion, members may have additional procedures to follow that are specific to their employer. Whilst the procedures may be different to these BAPT guidelines, Play Therapists are required to adhere to the Ethical Basis for Good Practice in Play Therapy, and work within their level of competency. If there are any concerns, members should take this to clinical supervision.

4. Health of the Play Therapist

- 4.1 “Remember to take care of your own health and that of your family. It can be tempting to prioritize patient needs, but remember that if you become ill, you cannot provide effective care” (Association for Play Therapy, United States). In these challenging circumstances, it may be necessary to prioritise our own health needs, and those of our families, especially if members or others in the household are considered vulnerable or have an underlying health condition that mitigates the need for self-isolation or shielding. This can be a difficult time for our members, so BAPT would suggest that members either seek additional clinical supervision, or personal therapy if necessary.
- 4.2 Unfortunately, there may be a time when the Play Therapist is unavailable to undertake any sessions with their clients. Members have to ensure that they have procedures in place in case of Play Therapist absence. This will also be the case if there are other instances of lockdown, or if the child or members of their family have health concerns which also require absence. BAPT recognises that this maybe significantly difficult for both Play Therapist and client and expects that members will adhere to our own Ethical Basis for Good Practice in Play Therapy in ensuring that clients’ needs are met. Rather than continuing with therapy, which may not be appropriate at this time, alternative means of supporting the family should be considered.

5. Telephone/video call therapeutic intervention

- 5.1 The most important factor in determining whether telephone or video calling is an appropriate means of intervention, is to determine if it is in the child’s best interests to proceed with this change of therapeutic

medium. It will be necessary to evaluate the child's previous history, including trauma, adverse childhood experiences and attachment history in creating a therapeutic plan to deliver Play Therapy through the vehicle of telehealth. It will be necessary to ascertain true, informed consent. The Play Therapist must be certain that the parents/carers and child are truly engaged with this significant change in therapeutic approach.

- 5.2 The Play Therapist must make an assessment of the parent/carers wellbeing to ensure they can meet the needs of their child, if therapy is to take place within the family home. In these uncertain times, the personal circumstances of the family may have an impact on how they are able to manage. At this point, it is essential to use Maslow's hierarchy of needs to ensure that the child is in a position of safety, before therapy should continue at home. It may be appropriate to re-contract with the parents/carers and child before any commencement of teletherapy.
- 5.3 Whilst the safety of the child and their family is paramount, the Play Therapist must also ascertain if they are working to their level of competency. It is also not expected that therapists will change their modality from non-directive Play Therapy to directive tasks for the child, unless it is stated within the therapeutic plan and has been carefully considered through supervision and client reviews. Play Therapists who choose to practice Play Therapy via telehealth, should also ensure they are working to their level of competency and that they have sufficient training in this model.
- 5.4 Play Therapists should also continue with the same level of clinical supervision hours regardless of whether they are conducting face to face therapy sessions or teletherapy and are encouraged to seek additional hours if they feel it is appropriate for their needs. BAPT also expects that BAPT Approved Clinical Supervisors are also competent in the modality of their supervisees, and again, seek appropriate levels of training to ensure they can fully support their supervisees.
- 5.5 There are a number of factors that need to be carefully considered before undertaking any new form of therapeutic engagement, all of which should be discussed with parents/carers prior to undertaking a change in intervention.

5.5.1 **Confidentiality**

It is imperative that the family home is able to provide the appropriate privacy, respect and boundaries in order for you to practice through telephone / video calls. Just as in face to face therapy, the child needs to have a regular, safe space in which they are able to engage with the Play Therapist. The family need to ensure that the child cannot be seen or overheard during the therapy session. The family need to agree that they will not attempt to record the session on another device. The family will also need to ensure that the child will not be distracted by other noises in the house, nor will the family attempt to listen in to the therapy session or disturb the child whilst the session is in progress.

5.5.2 All Bluetooth devices within the therapists' home should be turned off. If the child is using a mobile device or tablet, then they should also have Bluetooth turned off due to the potential of calls being transferred to other such devices within the family home.

5.5.3 The Play Therapist should also ensure confidentiality within their own home. It may be necessary to wear headphones to ensure the client cannot be overheard. The Play Therapist needs to ensure they will not be disturbed when conducting the therapy session. It may be necessary to use a virtual background when conducting a session, in order to maintain boundaries with your clients.

5.5.4 **Materials**

The Play Therapist will need to decide what, if any, materials they are going to provide for their child. The Play Therapist will need to ensure that the child has access to the same materials for every session. It is inappropriate for the child to use toys that are their own, so the family will need to ensure that the materials used in each play session, are kept safe and are only used for the sessions with the Play Therapist.

5.5.5 **ICT Suitability**

The Play Therapist should ensure they have sufficient internet bandwidth to host online sessions, and the appropriate equipment necessary to adhere to the confidentiality requirements listed above. The Play Therapist needs to have procedures in place to mitigate issues with lag, call dropout or poor connection. This may be the case at the therapists' place of work, or within the child's home. The Play Therapist needs to ensure that there is another line of communication in place if the session is terminated suddenly due to issues with IT.

5.5.6 Depending on the age of the child, certain platforms of communication may not be appropriate. If conducting telephone sessions, the Play Therapist will need to consider the age of the child and whether this form of communication is appropriate. Some children have access to their own telephones and the Play Therapist needs to ensure that child protection and safeguarding procedures are followed, if the child is contacted on their own equipment.

5.5.7 **Containment and Limit Setting**

In the case of sessions terminating suddenly as mentioned in 5.5.5; the Play Therapist will need to ensure that the family are able to be contacted if the session is terminated due to connection difficulties. It may be necessary for the Play Therapist to coach the family in appropriate containment strategies. In order to undertake any intervention via telehealth, the Play Therapist may need to engage more with the family to ensure they are able to appropriately limit-set around the therapy. It will be necessary to assess the family as to their ability to contain the child in this regard. If the Play Therapist feels that it is not possible for the family to be able to adequately

contain the child at this time, then moving to telehealth may not be appropriate for the child at this moment, and other forms of connection may have to be considered.

- 5.5.8 In addition to the family's ability to regulate the child before and after the session; it is crucial that the Play Therapist has the means of assessing the child's level of regulation during and after the session. It will also be necessary to have procedures in place if the child requires support to regulate during and after the session.

5.5.9 ***Insurance***

The Play Therapist must ascertain whether their insurance policy covers providing therapy through mediums other than face to face delivery. Not every insurance policy is the same or offers the same level of cover, so Play Therapists must ensure they have the adequate level of cover for their Play Therapy practice.

5.5.10 ***External Processes***

Play Therapists must take responsibility to ensure that the devices and communication platforms that are used for telephone/video calls meet the appropriate level of business cyber security and relevant ICO requirements. This not only includes the devices used by the Play Therapist but also those used by the child and the family.

- 5.5.11 If the Play Therapist feels it is appropriate to change the method of therapeutic intervention, it is vital that the appropriate procedures are in place in line with GDPR. The Play Therapist will need to ensure that a new consent form is completed which specifies the detail of the plan of work, including any plans to record any sessions, which will also require additional consent. Play Therapists registered with the ICO must also ensure they have taken the necessary steps to change any details of the services they provide to the definition they will have submitted to the ICO at the time of their application.

5.5.12 ***Safeguarding and Child Protection***

If the Play Therapist has chosen to work with telehealth as an appropriate intervention, safeguarding and child protection policies will need to reflect the changes to the therapy delivered. Being present within a family home will incur additional challenges concerning safeguarding. With the additional parameters around social distancing, most Play Therapists are having to work from home, and therefore do not have access to colleagues to assist, should a matter of safeguarding arise.

- 5.5.13 It is, therefore, of extreme importance that any Play Therapist working with children either by telephone or video call has a cyber safeguarding strategy in place. The Play Therapist will need to consider how to respond if the child makes a disclosure during a teletherapy session. This is

especially pertinent should a potential perpetrator be present in the family home. The Play Therapist needs to identify a form of support for themselves, as well as the child; together with the necessary contact details of social care available in advance of any therapeutic work commencing. If the Play Therapist is a lone worker, it may not be appropriate to undertake teletherapy at this time.

- 5.6 At present, there is a lack of evidence-base for the efficacy of non-directive Play Therapy delivered via telehealth, and it is good practice that this and the highlighted risks associated with this method of delivery is discussed with parents/carers prior to any therapy commencing.
- 5.7 Some children and young people may prefer to engage with their Play Therapist using telehealth. It will be an important aspect of the work with the child, to prepare them for the transition back to face to face work, at a time that is deemed appropriate and all levels of risk have been clearly looked into.

6. Face to Face Work

- 6.1 The current U.K. Government advice is changing rapidly across all regions, with significant differences to each devolved Government's approach to lockdown measures currently in place. Whilst some children in England are preparing to return to school on June 1st, many children are continuing to stay at home. Across the four nations, some lockdown restrictions have been lifted, and with some businesses able to re-open, there is the discussion around whether Play Therapists are able to resume work with their clients on a face to face basis.
- 6.2 The most recent advice continues to uphold that you should work from home wherever possible. This may mean that Play Therapists should continue to work remotely with their clients and families. Restrictions on travel are still in force, and it is necessary that as Play Therapists, we mitigate the risks associated with any additional travel for our clients and their families.
- 6.3 Whilst the needs of the child are of paramount importance, the Play Therapist must consider their own health needs and those of their close family members who may have heightened risk factors. In this regard, it may be inappropriate to resume face to face sessions with clients at this time. Play Therapists should also check with their insurance company, as to whether they are covered for face to face work or are prevented from doing so depending on their own health needs.
- 6.4 This is also the case for the health needs of clients and their families who may also have significant health risks. As per paragraph 5.2, it is essential to consider the family's situation at the present time and assess whether the family are able to support and contain the child if face to face therapy is to resume. It may be inappropriate at this time to resume face to face sessions. The family may also have a change in circumstances which has a significant financial impact upon continuing with therapy. It may be necessary to facilitate an appropriate ending for the child.
- 6.5 Depending on the context of the Play Therapy Service, it may not be possible to resume sessions. The premises where the Therapy occurs may not be open due to employer guidance, or social distancing

measures currently in place, and as such, are not able to facilitate sessions with clients due to lack of physical space for the sessions.

- 6.6 Play Therapists who undertake sessions in a school setting will also have to consider the risks associated with such a venue before they decide whether to resume any face to face working. This may not be the case for Play Therapists who are employed by schools, and as such, will need to follow their employer guidelines. However, Play Therapists who visit peripatetically, may have to consider the additional risks of travelling between sessions, and therefore may consider it inappropriate to resume sessions on a face to face basis. This will need to be discussed locally with each school on an individual basis, and the school's own policies and risk assessments will need to be followed.
- 6.7 It will also be necessary for Play Therapists to evaluate the risks associated with travel to and from sessions for both Play Therapists and the children and their families. Different devolved governments have restrictions on certain types of travel, and this would need to form part of any risk assessment undertaken.
- 6.8 If careful consideration has been given to the risks associated with face to face Play Therapy, and the Play Therapist has deemed it appropriate to resume sessions with the child, it will be necessary to prepare both the child and family and re-contract due to the number of factors that may have changed within the Play Therapy practice. The Play Therapist needs to have a plan in place, should the Play Therapist be unable to continue the sessions for any length of time. This could be due to illness of the Therapist, but also if the Therapist requires to self-isolate. Consideration should also be given to the potential of further regional and localised 'lockdowns', and how this is going to be conveyed to the child and their family.
- 6.9 There are a number of factors that should be given due diligence when preparing to resume face to face sessions. Social distancing measures will need to be in place for all communal areas of the Play Therapy venue, as well as within the playroom. The Play Therapist will need to consider how to prepare the child for how this may feel within the Play Therapy session. It may be necessary to withdraw some play materials and prepare the children for this eventuality.
- 6.10 When deciding to resume face to face Play Therapy sessions, the Play Therapist will need to take into account the number of children they plan to work with on a daily basis, considering that more time will be needed to clean materials and venue, and limit the number of people who are within a confined area.
- 6.11 The Play Therapist will also need to ensure there are adequate handwashing facilities within the venue, and alcohol hand sanitiser is used by all who enter and leave the premises where the Play Therapy is to take place. Children and their families should be encouraged to wash their hands for the appropriate twenty seconds before they enter the playroom. Play Therapists may wish to consider posting signage to encourage hand washing, and the use of hand sanitiser. This should be provided within the playroom and other communal areas.
- 6.12 The Play Therapist will need to consider whether they will be able to offer refreshments to the clients and their families. Certain communal areas may not be available, and as such, the need for regular cleaning may outweigh the need to provide refreshments.

- 6.13 It will be imperative that the Play Therapist has access to all cleaning materials deemed necessary to maintain a clean environment for public use. All hard surfaces that are in contact with members of the public and clients and their families will need to be cleaned regularly depending on the footfall and number of clients seen per day.
- 6.14 The Play Therapist needs to ensure that there are procedures in place to communicate with clients and their families concerning their own health. It may be appropriate to ask families to have a temperature check before they attend the Play Therapy session. Play Therapists may wish to contact the children and families before the start of the session to check if anyone in the family has any symptoms. If the child or any member of their household is self-isolating, then they should not attend the Play Therapy session.
- 6.15 If the child becomes ill during the Play Therapy session, the child should return home immediately. The Play Therapist will need to deep clean and disinfect the premises, this will include the playroom and all materials, together with all communal areas. If you work for an agency or school, then you should inform them immediately and follow their guidelines. If you are a lone worker and uncertain what to do about having contact with a child with potential Covid 19 symptoms, BAPT recommends you contact your GP for advice. In both cases, inform your clinical supervisor, and it may be appropriate to contact your insurance company. Further guidance on cleaning can be found here:
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>
- 6.16 Play Therapists should consider whether the play materials used within sessions are appropriate for use at this time. BAPT recommends that items such as soft furnishings, fabric, soft toys, puppets, costumes and other material and soft surfaced products should not be used unless the Play Therapist can guarantee such items can be cleaned and disinfected to an appropriate standard. It may also be necessary to remove wooden toys, unless they can be disinfected to an appropriate standard. Consideration should also be given to the use of books and paper products such as board games and jigsaw puzzles within the Play Therapy session, as these will be unable to be cleaned and disinfected to an appropriate standard.
- 6.17 BAPT recommends that only toys and play materials that are of a hard surface are utilised within the play space as these are most able to be cleaned and disinfected after every session, without degrading. The use of any play material that is blown into (e.g. bubbles, balloons, musical instruments, baby bottles) should be removed, as it is impossible to guarantee they will be able to be completely cleaned and disinfected. Sensory toys, such as clay, play-doh, sand and slime, should also not be utilised, as they cannot be cleaned and disinfected to an appropriate standard.
- 6.18 In this regard, BAPT recommends that such sensory items are provided for each individual child for their sole use. The Play Therapist may wish to consider changing the materials regularly as they cannot be cleaned and disinfected, but this is at the discretion of the Play Therapist. All items within the playroom should be cleaned and disinfected after every session. The Play Therapist may feel it is more appropriate to provide each child with their own individual play kits that consist of a limited number of materials to be used in sessions. These could include items such as art materials, some sensory toys, small world figures

etc, but again, thought should be given to their composition, as they would still require cleaning and disinfecting at the end of every use.

6.19 It should be good practice to inform your clients of your cleaning procedures, but BAPT recommends that you inform them that whilst precautions are being taken, it is not possible to ensure the playroom and communal areas are completely clear of all infectious contaminants.

6.20 The U.K. Government also recommends keeping working places well-ventilated with windows and doors open as much as possible. BAPT recommends this before and after sessions, as the confidentiality of the children and their families is of paramount importance, together with any safeguarding concerns.

7. Business Contingency

7.1 Self-employed Play Therapists should have a business contingency plan in place, in accordance with GDPR guidelines. GDPR mandates that professionals should have an identified third party and relevant processes which come into play when the professional becomes unavailable. This is especially important during a time of crisis. This third party may need to communicate with clients and professionals to cancel appointments and give updates about when Play Therapy may resume. In the worst-case scenario, this third party must know what to do with confidential client records and business in the event of the Play Therapist's death. Any identified person must work within GDPR guidelines.

8. Final Thoughts

8.1 BAPT has a large social media presence which has been able to develop the public's perception of Play Therapy, and BAPT as an organisation has members who are well-trained professionals, working to high ethical standards and competency framework. In the current climate, and in the months to follow, Play Therapists will be called upon even more to help support the mental health of children and their families as this crisis continues. It is important that we are mindful of our own social media presence in this current climate to ensure that we continue to uphold such high standards for other professionals and members of the public.

8.2 This guidance is aimed at helping BAPT Play Therapists navigate these difficult times, so we are able to continue to offer high-quality, professional services to children and their families. Whilst it is appreciated that this is not prescriptive policy, as some members would have preferred, BAPT is unable to offer such guidance due to the range of factors that affect Play Therapy practice on an individual basis and would therefore not be applicable in every case.

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