



Play Therapy Practice Guidelines

Endorsed by APT Board of Directors on 2/12/00.

Preamble

The Association for Play Therapy (APT) is a world-wide organization dedicated to the advancement of play therapy so that children in need may receive the best possible mental health services. Its members have a unique and distinctive preparation in play therapy.

The purpose of these guidelines is to provide standards of ethical conduct and behavior for APT members. It is intended that the guidelines will benefit APT members, other professionals, and the general public.

Section A: The Therapeutic Relationship

A.1 Commitments and Responsibilities to the Client

Primary Responsibilities

The primary responsibility of the play therapist is to conduct therapy that respects the dignity, recognizes the uniqueness and promotes the best interests in the welfare of the child. The best interests may include education and/or other adjunct therapy for the significant adults in the child's life.

Optimal Growth and Development

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

Therapeutic Plans

The play therapist explains the developmentally appropriate therapeutic plan in an understandable manner to the child and his/her legal representative. This plan is reviewed regularly to insure viability, effectiveness, and the continued support of the child and the involvement of the adults in the therapeutic goals.

Documentation

Play therapists practicing independently shall document sessions with clients so that the most recent progress notes reflect the following:

Current developmental level of functioning, i.e. cognitive, play, affective

Long and short term goals of treatment

Verbal content of sessions relevant to behavior and goals

Observed play themes and materials used

Graphic images relevant to client behavior and goals, i.e. sketches of sand trays, drawings, photographs, videotapes, etc.

Changes in thought process, affect, play themes, and behavior

Interventions with significant others, i.e. adjunct therapy, referrals, etc.

Suicidal or homicidal intent or ideation

Observations of child with significant others

Level of family functioning and environment.

Conditions of termination

Educational Needs

Play therapists recognize that play is a child's inalienable right and school is the work of children. If qualified, the play therapist may work with the child and significant adults in considering educational placements that are consistent with the child client's overall abilities, physical restrictions, general temperament, interests, aptitudes, social skills, and other relevant individual differences and developmental needs. Play therapists are ever mindful of the best interests of the child's welfare in recommendation and placement of child clients.

A.2 Respecting Individual Differences

Nondiscrimination

Play therapists do not encourage or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status.

Respect of Individual Differences

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

A.3 Rights of Clients

Disclosure Statement

The play therapist recognizes and respects that the child is the client; and thus, informs the child and his/her appropriate significant adults of the purposes, goals, techniques, procedures limitations, potential risks and benefits of the services to be performed in age appropriate language for the understanding of the child client. The play therapist takes steps to ensure that the child-client and his/her appropriate significant adults understand the implications of diagnosis, the intention of tests and reports, fees and billing arrangements. The child client has the right to expect confidentiality and to be provided with an explanation of its limitations, including disclosure to appropriate significant adults, supervision and/or treatment teams, and to obtain clear information about their case records; to participate in the ongoing treatment plan as is appropriate to their developmental level.

Freedom of Choice

Play therapists recognize that minor children do not always have the freedom to choose whether they enter into the therapeutic relationship or with whom they enter into therapy. However, the play therapist will advise the legal guardians of the minor child with a rationale of play therapy to assist in choosing whether to

enter into a therapeutic relationship and to determine which professional(s) may provide for the best interest of the child. Restrictions that limit choices of the clients are fully explained.

Inability to Give Consent

The play therapist acts in the best interest of the client in working with minor children or others unable to give voluntary informed consent.

A. 4 Clients Served by Multiple Resources

The play therapist must carefully consider the client's welfare and treatment issues when the client is receiving services from another mental health, educational, or medical professional. The play therapist, with the permission from the legal representative, consults other professional providers to develop clear agreements to avoid confusion and reduce conflict for the client(s).

A.5 Therapist Needs and Values

Therapist Personal Needs

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

Therapist Personal Values

Play therapists recognize the vulnerability of children and do not impose personal attitudes and beliefs on their child clients. However, this does not mean therapists attempt to conduct therapy free of values. Play therapists set limits when children's behavior presents a danger to the child or others. Further, the play therapist helps to redirect children whose behavior prevents them from getting their own needs met or significantly interferes with the ability of others to get their needs met. Play therapists should also be aware of how their own values, attitudes and beliefs effect their clients. Lastly, play therapists should make every effort to convey to child clients and their parents the system or basis on which they, as therapists, make value judgments and decisions in therapy.

A.6 Dual Relationships

Avoidance

Play therapists are alert to and guard against dual relationships with clients and their significant adults that could impair professional judgment, increase the risk of harm to the client or exploit the client through personal, social, organizational, political or religious relationships. Play therapists take appropriate professional precautions through informed consent, consultation, supervision and/or documentation in an unavoidable dual relationship.

b. Superior/Subordinate Relationships

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

A.7 Sexual Intimacies

a. Current Clients

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

Encouragement of Intimacies

Play therapist do not encourage inappropriate intimacies from the child client or the child client's significant adults.

Requests for nurturance

Play therapists respond professionally and responsibly to a child's spontaneous request for nurturance.

Therapeutic Touch

Play Therapists recognize the importance of therapeutic touch, a form of non-sexual touch, as a valid intervention in play therapy. However, play therapists do not engage in any form of therapeutic touch without the informed consent of the child's legal representative.

Inappropriate Touching of Therapist by Child

Play therapists recognize that children who have been inappropriately sexualized may initiate inappropriate touching of the play therapist. A play therapist, who has been inappropriately touched by a child, should explain to the child that in the play therapy every person's body is respected and is not touched in a way that makes them uncomfortable or that is generally considered inappropriate by society. The incident and intervention should be documented.

Former Clients

Play therapists never engage in sexual intimacies with the parent, caregiver, legal guardian, or custodian of a child-client, when such a relationship would have an adverse impact on the child-client or children who were clients.

A.8 Multiple Clients

When the play therapist is providing services to two or more persons who have a relationship (siblings, parent and child, etc.), the play therapist clarifies at the beginning of therapy the nature of the relationship with each client. If the play therapist is called up on to perform potentially conflicting roles, the play therapist may clarify, adjust or withdraw after informing the clients of the conflict.

A.9. Group Work

Screening

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

Protecting Clients

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

c. *Confidentiality in groups*

Play therapists explain to child-clients that confidentiality is to be maintained regarding group therapy sessions.

A.10 Payment

Fee Contract

Play therapists clarify the financial arrangements with the party responsible for the fee prior to entering into a therapeutic relationship with the child client, including the use of collection agencies or legal measures for nonpayment.

Fee structure

Play therapists consider the financial status of the legally responsible party and generally accepted fee for services within the community. When an established fee structure is inappropriate for the responsible party, assistance is provided in attempting to find comparable services of acceptable cost.

Bartering versus Pro Bono

Play therapists refrain from accepting goods or services from the party responsible for the fee. Pro bono service is encouraged.

A.11. Termination and Referral

Abandonment

Play therapists do not abandon their clients. When a break in treatment occurs, the play therapist makes appropriate arrangements to avoid abandonment. When such a break is not initiated by the play therapist, the legal representative is advised of dangerous hazards and is provided an alternative referral/treatment source.

Inability to Assist Clients

Play therapists may sometimes find that they are unable to provide proper professional assistance to a client. In such situations, it is required that the play therapist provide appropriate referral sources. This is required even if the original referral source refuses the suggested alternative therapeutic sources.

Termination

Play therapists terminate a therapeutic relationship when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when therapy no longer serves the client's needs or interests, when the responsible party fails to pay fees charged, or when agency or institution limits discontinue the therapeutic relationship. Play therapists do not allow an unreasonable unpaid fee to accumulate.

A.12 Computer Technology

Computer Usage

Play therapists using computer applications ensure that: (1) the client is developmentally capable of benefiting from the computer application; (2) the computer application meets the needs of the client; (3) the client understands the purpose and operation of the computer applications; (4) a follow-up of client use of a computer application is provided to clarify misconceptions, inappropriate use, and subsequent needs and (5) use of the computer application is congruent with the treatment goals.

Computer Limitations

Play therapists inform clients of limitations of computer technology..

Computer Access.

Play therapists provide appropriate access to computer applications congruent with treatment goals.

SECTION B: PARENTS AND FAMILY

B.1 Parents

a. Parents in Conflict

Play therapists comply with laws and local guidelines in assisting parents in conflict when the relationship interferes with the child client's effectiveness and welfare.

b. Custodial and Non-custodial Parents

Play therapists are cognizant of, and recognize that custodial and non-custodial parents, may have specific and differing rights and responsibilities for the welfare of their children according to law or agreement.

B.2 Family

a. Family Involvement.

Play therapists recognize that children have family members and other significant adults that have influence in the child's psychosocial growth and development and strive to gain understanding and involvement of these significant adults for positive support where appropriate and as according to the treatment plan.

b. Home-based intervention.

Play therapists make a reasonable effort to provide privacy for the child-client during home-based therapy sessions.

Family Interventions

Play therapists never disclose information about one family member to another member without informed consent.

SECTION C: CONFIDENTIALITY

C.1 Right to Privacy

Respect for Privacy

Play therapists respect the child's right to privacy and disclose to parents/guardians/significant adults, except where otherwise provided by state law. Only those concerns that are in the best interest of the child and avoid illegal and unwarranted disclosures of confidential information which might adversely affect the treatment of the client are disclosed.

Waiver of Client's Right

A minor child cannot waive their right to privacy, but disclosure of material that is in the best interest of the child may be waived by their legal representative. The minor child needs to be informed of the information being disclosed and the reason for the disclosure.

Exceptions to Confidentiality

Play therapists keep information confidential except when disclosure is required to prevent clear and imminent danger to the child client or others. Play therapists responsibly consult with other health care professionals and child care providers when in doubt. Play therapists also become cognizant of state law related to confidentiality and comply with it.

Contagious Diseases

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

Court Ordered Disclosure

When court ordered to release confidential information without permission from the child's legal representative, play therapists request the court grant privilege.

Minimal Disclosure

When circumstances require the disclosure of confidential information, only essential information is revealed. Information that might adversely affect the treatment of the client requires a request for privileged communication. Play therapists also become cognizant of state law related to confidentiality and comply with it.

Limitations

The play therapist informs the child client and his/her legal representative of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached.

Subordinates

Play therapists implement reasonable precautions ensuring privacy and confidentiality of the client, including all personnel privileged to client contact or information, is maintained.

Treatment Teams

The existence of a treatment team and its composition are disclosed by the play therapist to the child client and legal representative.

C.2 Group

Play therapists who use group play therapy, clarify limits of confidentiality and specify group parameters. Consequences for violation of the rules need to be explained and enforced.

C.3 Documents

Documentation

Play therapists maintain documentation as required by law, regulation, or agency or institutional procedure to provide support for therapeutic intervention and rendering professional services.

Confidentiality of Documents

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

Permission to Electronically Document or Observation

Play therapists obtain permission from client's legal representatives before electronically documenting or observing the session.

Public Use and Reproduction of Client Expression and Therapy Sessions

Play therapists do not make or permit any public use or reproduction of the client's play, artwork, music, or other creative expression through videotaping, audio recording, photography, or otherwise duplicating or permitting a third-party observation in art galleries, mental health facilities, schools or other public places without the written informed consent of the client and/or the legal representative of the client.

Client Access

Play therapists provide access to copies of the records when requested to do so by the legal representative of minor children, unless the records contain information that may not be in the best interest of the client. Access to documents is limited to those parts of the documents that do not include confidential information related to another client. When possible, play therapists should attempt to respond to a subpoena in a way that protects the best interest of the client.

Disclosure or Transfer

Play therapists obtain written permission from the legal representative of the client to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist.

C.4 Research and Training

Disguise Identity

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

Agreement for Identification

Public release of information regarding a specific client is permissible only when the client or legal representative is fully aware of the material and has reviewed the material and has agreed to its public release. Play therapists should receive specific written permission, depending upon the nature of the situation, for example, the play therapist should consider the type of audience, location of the audience, etc. when obtaining the written permission.

C.5 Consultation

Privacy

Play therapists discuss information from consultations with significant adults or other professionals only with those persons having a direct bearing on therapeutic intervention. Every effort is made to protect client identity and avoid undue invasion of privacy.

Cooperating Agencies

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

SECTION D: PROFESSIONAL RESPONSIBILITY

D.1 Knowledge of Standards

Play therapists are responsible for reading, understanding, and following the APT Standards of Practice.

D.2 Professional Competencies

Boundaries of Competence

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

New Areas of Specialty

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

Employment Qualifications

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

Monitor Effectiveness

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

Ethical Consultation

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

Continuing Education/Training

Play therapists acquire continuing education to maintain awareness of current research in play therapy, being open to new procedures, and by keeping current with diverse and /or special populations with whom they work. The play therapist maintains competency through knowledge of new procedures and models of client diversity.

Therapist Impairment

Play therapists refrain from providing play therapy when their physical, mental or emotional problems might harm a client or others. The play therapist is aware of signs of impairment, seeks assistance, limits, suspends, or terminates their professional responsibilities if necessary.

D.3 Advertising and Soliciting Clients

Accurate Advertising

Play therapists and their employees accurately represent their competency, education, training, and experience relevant to the practice of play therapy. Play therapists can only advertise the highest degree earned in a mental health or closely related field from a college or university that was accredited and recognized by the Council on Post-secondary Accreditation or recognized internationally as meeting equivalent academic accreditation standards.

Testimonials

Play therapists do not solicit or use testimonials.

Statements by Others

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

Products and Training Advertisements

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

Professional Association Involvement

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

D.4 Credentials

Credentials Claimed

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

J. Doe, Registered Play Therapist

J. Doe, Registered Play Therapist-Supervisor

Credential Guidelines

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

Misrepresentation of Credentials

Play therapists never misrepresent their credentials.

Doctoral Degrees From Other Fields

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

D.5 Public Responsibility

a. Nondiscrimination.

Play therapists do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any legal reason.

b. Sexual Harassment

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

Third Party Reports

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

Media Presentations

Play therapists providing advice or comment through public lectures, presentations, and media programs take precautionary measures to ensure that (1) information is based on research and current models of practice; (2) the information is consistent with the Standards of Practice; and (3) receiving the information

does not mean that a professional therapeutic relationship has been established.

Exploitation

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

D.6. Responsibility to Other Professionals

Different Approaches

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

Personal Public Statement

Play therapists clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of APT, State Branches or play therapists, when offering a personal statement in public context.

Clients Served by Others

Play therapists request a release from clients to inform other professionals and seek to establish collaborative professional relationships in the best interest of the child client.

SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS

E.1. Relationships with Employers and Employees

Definition of Role.

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

Covenants

Play therapists establish covenants with supervisors, colleagues, and subordinates regarding play therapy Standards of Practice, workload, and accountability. Covenants are specified and made known to those effected.

Disruptive or Damaging Conditions

Play therapists inform their employers about disruptive or damaging conditions effecting the play therapist's professional responsibilities.

Evaluation

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

Professional Development

Play therapists are available for providing professional development to staff regarding the benefits and

limitations of play therapy.

Goals

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

Discrimination

Play therapists do not engage or condone inhumane, illegal, or unjustifiable practices in the workplace.

Professional Conduct

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

Exploitive Relationships

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

Employer Policies

Play therapists strive to reach agreement regarding APT Standards of Practice that allow for changes in institutional policy conducive to the therapeutic relationship.

E.2 Consultation

Providing Consultation

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

Consultant Competency

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

Consultant Role

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

E.3 Fees for Referral

Accepting Fees from Agencies

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

Referral Fees

Play therapists do not accept referral fees.

E.4 Subcontracting

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

SECTION F: EVALUATION, ASSESSMENT, AND INTERPRETATION

F.1 General

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

F.2 Proper Diagnosis of Mental Disorders

Proper Diagnosis

Play therapists take special care to provide proper diagnosis of mental disorders.

Sensitivity to individual vs. group differences.

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

SECTION G; TEACHING, TRAINING, AND SUPERVISION

G.1 Educators and Trainers

Educators as Teachers and Practitioners

Play therapists knowledgeably facilitate education and clinical training as described in the Standards of Practice.

Relationship Boundaries with Students and Supervisees

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

Sexual Relationships

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

Contributions to Research

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

Close Relatives

Play therapists never provide, in a professional capacity, training, supervision, or education to close their relatives.

Supervision Preparation

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

Responsibility for Services to Clients

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

Recommendation

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

G.2 Training Programs

Orientation

Play therapists orient beginning students to program expectations, including but not limited to the following; (1) knowledge and competency required for completion of the training, (2) theoretical model(s) to 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 provide training programs that require integration of academic study and supervised practice.

Teaching Ethics

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

Peer Relationships

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

Diversity issues

When appropriate, Play therapist clinical trainers include diversity issues into courses and/or presentations

promoting the on-going development of play therapists.

G.3 Trainees and Supervisees

Limitations

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

Self-Disclosure

Play therapists make students and supervisees aware of the ramifications of self-disclosure.

Therapy for Trainees and Supervisees

If a play therapist trainee requests therapy, supervisors or trainers provide them with a minimum of three (3) appropriate resources, whenever possible.

Standards for Trainees and Supervisees

Play therapy trainees and supervisees preparing to become Registered Play Therapists adhere to the Standards of Practice and have the same obligations to clients and their legal representatives as those required of Registered Play Therapists.

SECTION H: RESEARCH AND PUBLICATION

H. 1 Research Responsibilities

Use of Human Subjects

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

Deviation from Standards Practices

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

Precautions to Avoid Injury

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

Principal Researcher Responsibility

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

Minimal Interference

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

Diversity

Play therapist researchers take into consideration diversity in research issues with special populations.

H.2 Informed Consent

Topics Disclosed

Play therapist researchers use understandable, developmentally appropriate language in obtaining informed consent from research participants and that; (1) specifically explains the research purpose and procedures; (2) identifies experimental or relatively untried procedures; (3) describes the possible discomforts and risks; (4) describes expected outcomes; (5) discloses possible alternatives for subjects; (6) answers any questions about the research procedures; (7) describes any limitations; and (8) advises the subjects' about their legal rights to withdraw and discontinue at any time.

Deception

Play therapist never do research involving deception.

Voluntary Participation

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

Confidentiality of Research Data

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

Persons Incapable of Giving Informed Consent

When a client is incapable of giving informed consent, play therapist researchers provide an explanation, and obtain agreement for participation and appropriate consent from the client's legal representative.

Commitments to Subjects

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

Explanations of Research Study

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

Agreements to Cooperate

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

Informed Consent for Grant Providers

Play therapist researchers extend informed consent to and in accordance with grant providers guidelines.

Play therapist researchers ensure that feedback and acknowledgment of research is given to grant providers.

H.3 Reporting Results

Information Affecting Outcome

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

Honesty in Research

Play therapists avoid in engaging in fraudulent research, distort or misrepresent data, to deliberately bias their results.

Reporting Research Results

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

Identity of Subjects

Play therapist researchers protect the identity of respective subjects.

Replication Studies

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

H.4 Publication

Recognition of Others

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

Contributors

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

Student Research

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

Professional Review

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

ACKNOWLEDGMENT

Reference documents, statements and sources for the development of the first draft of the APT code were as follows:

The Ethical Standards of the American Counseling Association (ACA)
American Psychological Association
American School Counselor Association
Ethical Standards for Art Therapists
NBCC Code of Ethics
American Board of Examiners of Clinical Social Work Code of Ethics
Principles of Practice of Child and Adolescent Psychiatry
American Association for Marriage and Family Code of Ethics

The recommended practice guidelines were adopted by the APT Board of Directors on February 12, 2000 and proposed by a committee comprising these individuals:

Chair: Trudy Post Sprunk, LMFT, Georgia
Members: Normal Kimrey Colwell, EdS, South Carolina
JoAnne Mitchell, MEd, Georgia
Jayne Smith, MEd, Georgia
Critique: Sandi Frick Helms, PhD, South Carolina