

THE GUIDE TO PLAY THERAPY DOCUMENTATION AND PARENT CONSULTATION

Linda E. Homeyer and Mary Morrison Bennett



“What Homeyer and Bennett have learned and lived out as practicing play therapists and university professors appears on the pages of this practical, detailed, essential, stress-relieving resource. They have anticipated everything a play therapist needs to know and do and provide a template for every form and document needed, from informed consent to termination summary. Completed forms provide examples to follow. This is a HOW TO book, unique in the field of play therapy, that will help play therapists become more efficient and effective. Don’t miss the chapter on ‘Parents Who Challenge Us’ for new insights about what to do.”

Garry Landreth, EdD, LPC, RPT-S, *Regents Professor
at the University of North Texas, founder of the Center for Play Therapy*

“Using their years of experience as play therapists and as scholars, the authors have written the most comprehensive play therapy text in the field! Homeyer and Bennett provide guidance on everything from liability insurance, theory, case notes, and treatment planning with examples and templates ready to put directly into practice. Readers will be equipped with crucial guidance for working with parents, including addressing topics such as divorced parents, trauma, difficult conversations, and neurobiology. This is a must-have resource for the play therapist in training as they begin their career as well as for the experienced play therapist and supervisor.”

Kristi Perryman, PhD, LPC-S, RPT-S, *Associate Professor
at the University of Arkansas*

“This book is the definitive guide for play therapists in and out of the playroom. The authors freely share the deep knowledge that they have accumulated through their extensive experience as clinicians, educators, and supervisors. If I were to pick sand tray miniatures to represent this book, they would be a bridge that connects play therapists with a real-life experience and a treasure box that contains so many hidden and valuable materials.”

Yumiko Ogawa, PhD, LPC-S, ACS, RPT-S, *Associate Professor
in the Department of Counselor Education at the New Jersey City University*



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The Guide to Play Therapy Documentation and Parent Consultation

The Guide to Play Therapy Documentation and Parent Consultation guides play therapists through the case-documentation process, from the initial inquiry for services through intake session, diagnosis, treatment planning, session notes, and termination summary. There's a special focus on writing session notes, one of the areas in which play therapists most often request additional training. Chapters also identify play themes, explore clinical theories and case conceptualization, and guide play therapists from the playroom to the paperwork. The authors include several examples of case notes and treatment plans completed from a variety of theoretical perspectives, and vignettes and case studies illustrate ways to connect with caregivers, strategies for working with challenging caregivers, addressing difficult topics at different ages and stages of parenting (how to talk about sex, screen time, co-parenting, etc.), and much more. The book also includes a thorough discussion of ways to structure parent consultations to facilitate the therapeutic process. Expansive appendices provide many case examples and tips to explain and demonstrate documentation, and the authors provide form templates in the text and on the book's website.

Linda E. Homeyer, PhD, LPC-S, RPT-S, after 30 years as play therapist, sandtray therapist, author, and professor at Texas State University, is semi-retired. She continues to write, provide professional consultations, and play in the clay in Texas.

Mary Morrison Bennett, PhD, LPC-S, RPT-S, has 20 years of experience in play therapy, is a former associate professor at Texas State University, and is now in private practice in Texas, where she continues to speak and write on play therapy.



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I dedicate this book to my parents, William and Adelaide Thorman, who instilled social interest; my siblings, Nancy, Frank, and Diane, with whom I shared our co-created family atmosphere with courage; and my colleagues who shared with me belonging. And my late husband, Dan, who balanced me with his Comfort.

Linda

I dedicate this book to Robbie, who knows my heart and encourages my dreams. To Goodhue and Eleanor who help me practice the core conditions each day. To my parents, Eddie and Ellie Morrison, who always support my endeavors. For Linda Homeyer, Sue Bratton, Dee Ray, and Garry Landreth, who saw my potential and have mentored me throughout my career. I am grateful for all of you.

Mary



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After more than 30 years of work as a play therapist, sandtray therapist, and university professor, Linda retired from Texas State University and full-time clinical practice. She continues to write, provide professional consultations, a few teaching engagements, and play in the clay in Canyon Lake, Texas. Linda is a Licensed Professional Counselor Supervisor in Texas and a Registered Play Therapist Supervisor™.

In addition to keynotes and conference presentations in the United States, Linda has enjoyed traveling the globe and has taught play therapy, sandtray therapy, and clinical supervision in Turkey, Lebanon, Jordan, South Africa, Australia, Mexico, Canada, Great Britain, Ireland, Taiwan, Denmark, China, Italy, and even on a cruise ship! Her co-authored books include *Sandtray Therapy: A Practical Manual (4th ed.)*; *Advanced Sandtray Therapy: Digging Deeper Into Clinical Practice*; *The Handbook of Group Play Therapy*; *Play Therapy in Malaysia*; *The World of Play Therapy Literature*, numerous book chapters, and journal articles. Her work has been translated into Turkish, Chinese, Russian, Korean, and Spanish.

Linda is Distinguished Professor Emerita of Professional Counseling at Texas State University. The Association for Play Therapy named Linda as Director Emerita and awarded her their Lifetime Achievement Award. Linda helped form the Texas Association for Play Therapy and established their Dan E. Homeyer Research Award.

Linda is currently the international liaison and representative for the Association for Play Therapy on the Board of Directors for the International Consortium for Play Therapy Associations. She is also the editor of the *World Journal for Sand Therapy Practice*, the journal of the World Association for Sand Therapy Professionals.

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Co-author of *Child-Parent Relationship Therapy—Toddler Model* and the *Child-Teacher Relationship Training Model*, Mary continues to write book chapters and for professional journals. She has been recognized for her professional contributions and was the recipient of the Dissertation Award from the Association for Play Therapy for her research on Child-Teacher Relationship Training and the Nancy Guillory Award from the Texas Association for Play Therapy. When not working in her private practice in Austin, Texas, Mary enjoys time with her husband and children and baking her world-famous chocolate chip cookies.



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Documentation and Parent Consultation



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Introduction

Play therapy documentation and parent consultation are woven together throughout the entire therapeutic process with a play therapy client. From the initial inquiry contact through termination, both are integral to providing the standard of care. This guide will cover the details of often-overlooked aspects of our professional work. Often play therapists (and other mental health professionals) express their frustration and dislike of “*having to write notes.*” They like their work directly with the client but dislike the paperwork. The aim of this guide is to provide a structure to make this constant movement between people-paper-people-paper one that becomes natural, easy, and efficient. We make the case that effectively-completed paperwork protects the play therapist and maintains a clear focus on clinically sound therapy goals.

Creating thorough case documentation is an ethical and legal imperative. We typically begin learning about and practicing various parts of case documentation in a disjointed way while in graduate school. Perhaps initially understanding about and making a diagnosis in a psychopathology class. Treatment plans and progress notes are typically introduced in our first clinical course—a pre-practicum, advanced methods, or practicum class; wherever we encounter our first client. Perhaps we are introduced to writing case conceptualizations and summaries in practicum, internship, or field placement. Other components of documentation may be unique to our discipline or placement sites. Even more components of case documentation are learned on the job, either during our graduate-level internships or in our postgraduate positions. Often those positions have documentation protocols that are very specific to the agency or position.

Even with all these possible variations, there is a generally accepted protocol for client documentation. Obtaining a comprehensive understanding of all the components for a client case file is rarely taught or provided. Pulling together all the components of a *play therapy case* can seem even more unique and daunting. Finding and implementing a standard protocol that integrates documentation standards with the uniqueness of the play therapy process seems overwhelming and even unattainable. This guide will provide you, the play therapist, a way to look at a case from the initial inquiry contact to the termination summary.

Working with parents during the play therapy process (and documenting these consultations) is critical to effective intervention and change. This guide will also focus on the various stages of parent consultation, from the intake session to the termination session. Connecting with parents so they feel safe, secure, and understood is critical to the therapeutic process. Parents have their own unique needs and struggles. Play therapists must meet

parents where they are, to facilitate parental and family adjustments so the child client can thrive.

The reader will already notice that we are using the term *parents* rather than *caregiver*. We believe the term *parent* is inherently more relational; we believe children need relationships. While we understand the more generic and inclusive nature of the term *caregiver*, it serves as *in loco parentis*. Please read into the term *parent* all those individuals who care for the children we engage with as play therapists. Schottelkorb et al. (2015) also support the use of parents “as any adult serving as a child’s guardian. Therefore, parent consultation can be provided for biological parents, adoptive or foster parents, grandparents or other family members serving as guardians” (p. 222). Certainly, there are caregivers, such as after-school caregivers, extended family providing childcare services, and others such as nannies. However, these caregivers rarely fill the role of parent in case consultations.

Play therapy was initially developed to provide children a way to express themselves. When psychotherapy for children was an emerging field, Margaret Lowenfeld began providing play therapy and training play therapists in London in the 1920s (Homeyer & Lyles, 2022; Lowenfeld & Dukes, 1938). Melanie Klein and Anna Freud also were developing play techniques for use with children during this same time. Soon after, play therapy began being used with clients of all ages. This broad usage is reflected in the definition of play therapy by the Association for Play Therapy (APT), which does not delimit the term *clients*. For this guide, we use the Association for Play Therapy’s definition of play therapy:

the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development. (Association for Play Therapy, 2022)

Appropriate and useful for all ages, play therapy is seen as the developmentally appropriate therapeutic approach for use with children. Here are the general, neurotypical applications of play therapy:

- ◆ Ages 3–8 or so are most commonly seen in a traditional play therapy playroom.
- ◆ Ages 8–12 begin to use sandtray therapy, therapeutic board games, expressive arts and puppets, and other forms of activity therapy.
- ◆ Ages 11 and 12 through adulthood use sandtray therapy, clay, collages, drawing, drama, writing, movement, music, and more.

Several of these activities were part of Lowenfeld’s original play therapy process, including a sand tray (the World Technique), art, music, water, and movement (Lowenfeld, 1979). A garden was accessible, just outside her playroom (Lowenfeld, 1979). Today many of these activities have developed into unique therapies of their own. They would include but are not limited to sandtray therapy, Sandplay therapy, art therapy, music therapy, and movement therapy. Even nature play therapy.

This guide will focus on working with children 12 years old and younger; however, the documentation applies to all ages. There are many clinical theories applied to play therapy. Research indicates that Child-Centered Play Therapy (CCPT) is the most commonly taught in graduate school (Ryan et al., 2002). Also used are Adlerian Play Therapy (AdPT), Gestalt Play Therapy (GPT), Cognitive-Behavioral Play Therapy (CBPT), and others. See Figure 1.1

Figure 1.1 Play therapy theories



Italicized items are APT's Seminal & Historically Significant Play Therapy Theories

*Terry Kottman stated using a Venn Diagram, AdPT would be in the overlap of psychodynamic, cognitive behavioral, and humanistic. Personal communication, February 21, 2022.

for play therapy theories organized by the movements in the development of psychotherapy. APT's seminal and historically significant theories are identified with italics.

Charles Schaefer and colleagues developed Prescriptive Play Therapy and Integrative Play Therapy. Prescriptive Play Therapy is based on the premise that different theories of play therapy are more effective to treat specific disorders (Schaefer & Peabody, 2016). The Prescriptive Play Therapist selects the play therapy theory based in research for the given diagnosed disorder and uses it with a specific child. Integrative Play Therapy involves using two or more elements from different play therapy theories to create a unique treatment approach for a particular child (Schaefer & Peabody, 2016). Both of these approaches require the play therapist to be competent in several play therapy theories and well-read in play therapy research.

As a growing field, newer approaches and models are being developed. Some of these are Storyplay® by Joyce Mills, TraumaPlay™ by Paris Goodyear-Brown, Attachment Centered Play Therapy by Clair Mellenthin, AutPlay® by Robert Jason Grant, and FirstPlay® by Janet Courtney.

Working from a clinical theory, approach, or model will assist the play therapist in understanding their work with the play therapy client and parents. Examples of session notes for various clinical theories are provided. Suggestions for tailor-making session forms (and many additional forms described throughout this book) and reproducible samples are provided in the appendices. These assist in streamlining the documentation process. It will also help the play therapist focus their work and understanding of the play therapy process.

Some of these elements of the overall case and subsequent documentation are shorter in duration than others. Some are lengthy and will go on for months, such as the actual play therapy treatment. Parent consultations vary in frequency and duration, depending on the case. A

treatment plan is a fluid, organic document, while also specific and measurable. Written at the beginning of the therapeutic process, treatment plans may change as time and treatment move along. Session notes are a written record of what occurred in the play therapy session, including play themes and movement toward goals. Parent consultations describe contact with parents to update them on the progress of the treatment of their child. Importantly, consultations also detail the collaboration to implement changes to maximize the prognosis. Finally, at the end of the process is a termination summary. There are also contacts with parents, results of any testing and assessments, possible reports, collateral contacts with appropriate release of information documents, medication records, correspondence, and more.

This guide provides detailed information about each component. There are forms, worksheets, and tip sheets to assist you in developing your own unique guidelines for your practice. These are general enough to apply, hopefully, to each of you who read this book. We hope you feel free to adapt any of the worksheets and forms to fit your unique approach to play therapy and your work setting. Several of these forms are available on the Routledge website. You can download from there and reformat and edit for your specific professional use.

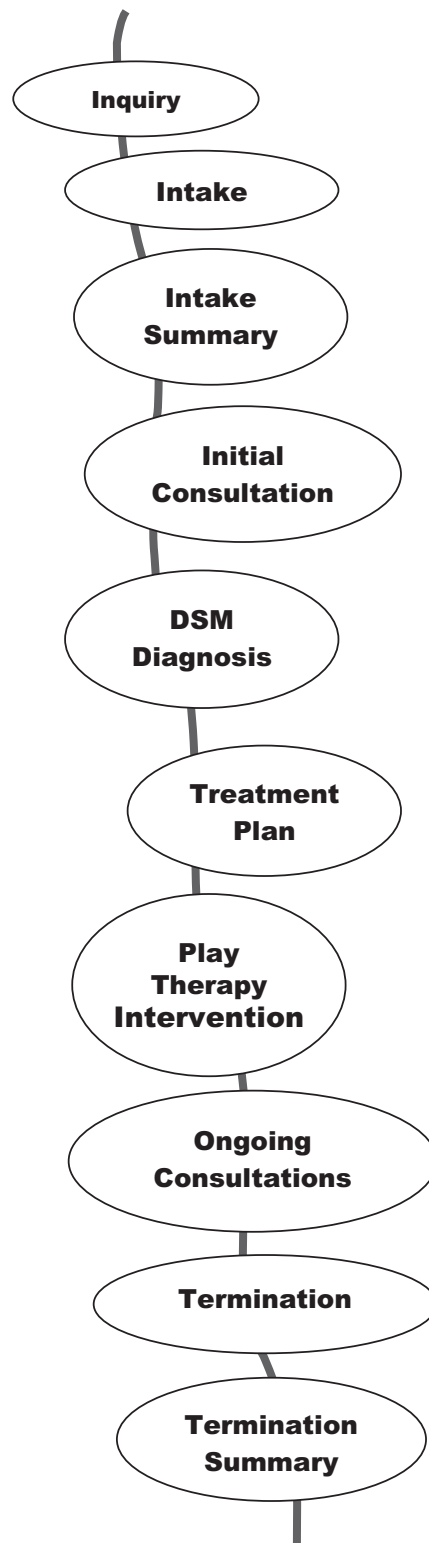
The Golden Thread

The concept of the *golden thread* is used in many settings. The golden thread is a metaphor for linking various parts together to keep each informed of the other for a consistent overall focus. In business, it refers to ensuring all activity is aligned with the mission plan, goals, and vision. It is also referred to as *organizational alignment*. In academic writing, the golden thread pulls the reader through the author's overall argument. The author's posited idea or research hypothesis runs through the professional article from the opening to the closing. In mental health, the golden thread has been used in the field of addiction treatment to bring together and guide all the clinicians, therapists, social workers, medical assistants, and others involved in various aspects of the treatment protocol. More generally, the golden thread of mental health documentation provides anyone reviewing a case file to see the consistent logic of all the components of the client treatment and the subsequent record. Mental health treatment, in most settings, needs to be identified as a medical necessity. In such cases, all the details of the clinical records support the treatment of that medical necessity. In these and other settings, the *standard of care* and *best practices* are easily substantiated through the observance of the golden thread. It weaves its way throughout and ties together all the various parts of the documentation. This guide will follow the golden thread of documentation (Figure 1.2).

Using This Guide

This guide aims to provide basic information about constructing a complete case file from beginning to end. What is offered here is best practices. It protects you as the therapist and provides the provision of an optimal level of care for the client. Having a consistent protocol for your case

Figure 1.2 Golden thread of documentation



files establishes your level of professionalism. Treating all clients with the same level of care, appropriately and consistently documented, provides legal safety. As equally, or more importantly, it gives the play therapist freedom to do the work. An established routine facilitates our thinking and writing. Reducing the time needed to write documentation frees us up. The golden

thread assists us in staying focused on the client's therapeutic needs and aligns our work to meet those needs. It frees us in casework and planning. We become more effective and congruent. More about how to do this will be detailed in each chapter that focuses on each component.

There is a *Resources* section at the end of each chapter to extend the information covered. Readers may be interested in specific areas discussed in the chapter, and we provide additional options for exploring their interests. While not all-inclusive, we hope these resources are helpful. These resources may be ones we use, recommend to our clients or supervisees, or know about. Of course, you may know of others and have especially trusted resources. The play therapy field has grown (and continues to expand), and with it, an abundant number of books, trainings, and conferences to broaden our knowledge base.

There are limits to what this guide offers. Play therapists reading this guide represent various mental health disciplines and practice in different geographic areas and jurisdictions. It is beyond the scope of this guide to cover discipline-specific ethical guidelines. We always defer to your designated code of ethics. Not only do codes of ethics vary from discipline to discipline, but they also change over time. Reviewing the codes of ethics periodically keeps them fresh. Also, our professional associations and licensing entities often alert us of changes. The Association for Play Therapy has a *Play Therapy Best Practices* and a *Paper on Touch* documents. Other play therapy associations worldwide also have codes and guidelines specific to play therapy.

The same limits are true for legal requirements. Licensure and certification laws and rules vary by state and country. Administrative and statute laws change, and new case law is frequently added. These impact both our clients and our clinical work. For example, while in private practice, I (Linda) kept up with the changes in the Texas Family Code. I wanted to be aware of significant changes in the law. My caseload consisted primarily of children in legal situations, and I found an *Annotated Texas Family Code* very useful to easily identify such changes. Although I was very careful not to give legal advice and frequently referred parents to seek the advice of their attorneys, I felt more confident in my work when I kept up with family law. State professional conferences may provide continuing education opportunities regarding new case law that impacts mental health practice.

A final limitation to this guide: It is not meant to inform the reader how to do play therapy. There are many other books, training, and graduate courses that do that. This is about how to document the entire process of the client's work of play therapy and the importance of parent consultations.

Importance of Professional Liability Insurance

Professional liability insurance protects us. We may be diligent in our ethical practice. We may be well trained and competent. We may seek consultation when needed. We may do all the "right" things yet still find ourselves in need of legal counsel. Regardless of how well we do our jobs, disgruntled clients or parents can take legal action or file complaints with our licensure boards or certification bodies. Parents may be in court for divorce, custody, or modification of custody. Subpoenas are served; parents request copies of records. Situations will arise in our clinical practices for which we need a legal consultation or opinion.

Play therapists in private practice know the importance of having professional liability insurance. Those working in other settings like agencies, schools, doing volunteer work, and such should also have their own liability insurance and not depend on the insurance of the organization for which they work or volunteer (Wheeler & Bertram, 2019). Having one's own insurance is an added layer of protection, as the organization's insurance protects the organization. While some of that coverage may extend to you, in some circumstances, it may not.

Most play therapists begin their relationship with a professional liability company while in graduate school. Most programs require student coverage when one begins seeing their first clients. Upon graduation and segueing to postgraduate work, it is easy to simply upgrade that insurance. However, one may benefit from reviewing various companies and their plans. Some plans have a sponsorship relationship with professional associations. Some plans provide free legal consultations before any legal filings are made against the play therapist. The ability to access a legal consultation amid an ethical dilemma or legal concern before a case is filed is reassuring. Some companies will handle responses and give guidance when a subpoena is served, or a request for client files is received. Knowing you have legal counsel when needed is comforting. Some play therapists have their own independent counsel who is a member of their community and do not rely upon the liability insurance company. Of course, this comes at an additional cost.

Also, there are two types of coverage:

- ◆ *Claims-made coverage:* This type covers claims actually made while the policy is in force. Under this form, coverage stops at the end of the policy year. Therefore, to retain coverage one must continually renew the policy or obtain tail coverage. [Tail coverage extends coverage post-termination of the policy.]
- ◆ *Occurrence coverage:* This type covers claims for alleged acts that occurred while the policy was in effect, even if the claim is made several years later, after the policy is no longer in force (Wheeler & Bertram, 2019, p. 241).

Further exploration of the details and considerations of the selection of a professional liability insurance company is essential. As with all mental health professionals, play therapists have invested a great deal of time and resources to obtain their license, certification, or registration. Professional liability insurance protects us and our investment in ourselves and our practices.

Importance of Supervision and Consultation

As play therapists, we all need input from another play therapist from time to time. We will discuss this in more detail in Chapter 12: Professional Growth Considerations. For now, give thought to those situations where we can benefit from, and even *need*, another's wisdom, knowledge, experience, and expertise. It is a matter of having a valued colleague with whom to talk through a perplexing situation. These discussions are valued for not only the care of our clients but also for our own self-care. The play therapist working toward their mental health licensure or certification will likely be required to be in supervision for a