



APPTA Response to COVID-19 (Coronavirus)

Australia, alongside the rest of the world is currently experiencing an unprecedented state of emergency. A post-disaster scenario is yet to be reached; therefore, the current crisis is ongoing. As you are aware, the Government in conjunction with the World Health Organisation (WHO) have activated and sequenced social distancing and self-isolation protocols to protect human life and wellbeing.

At this time, it is understandable that many members may wish to continue to support the children and families whom they have been delivering clinical services to. Whilst e-health and m-health have been around for many decades (Parson, Renshaw & Hurt, 2019), Tele-Play Therapy is being rapidly developed in response to the current Coronavirus crisis. For the purpose of this response, Tele-health is defined as “healthcare practice supported by electronic processes and communication” (Parson, Renshaw & Hurt, 2019, p. 68). Tele-Play Therapy is telecommunications for play therapists; to clarify, we propose a working definition as,

Emerging electronic communication networked technology, which requires audio visual functionality, enables Play Therapists to engage in a range of telecommunications at the appropriate scaffolded level: 1) Tele-play; 2) Tele-health; and 3) Tele-Play Therapy. The use of reliable hardware and encrypted software is paramount in the provision of this service.

Although the current technology is available to facilitate Tele-Play Therapy, careful clinical planning, reasoning and reflection is essential to ensure ethical, safe and supervised practice. APPTA advises members to consider their individual scope of practice and base any therapeutic decisions on public health guidance, tele-health recommendations and the current research on disaster service delivery. The Coronavirus crisis is a current and ongoing global disaster and, as such, disaster literature best aligns and informs current practice. Table 1 extends on “Postdisaster roles for Mental Health Professionals, and Questions for Determining Roles” (VanFleet & Mochi, 2015, p.177) and has been adapted for the current Coronavirus crisis.

Table 1

Reflexivity when considering play therapy roles during an ongoing crisis

	Roles for play therapists during an ongoing crisis	Self-Reflective Considerations
1	Identify the support services and organisations in your local area.	How can play therapy complement the organisations’ crisis response?

2	Align practice based on Government and World Health Organisation (WHO) directives.	How does your scope of practice need to be adapted to meet the health directives?
3	Provide tele-health assistance with activities of daily living.	What is required now and what therapeutic recreational activities may support families and communities?
4	Triage needs based on a sound assessment.	What needs to be prioritised now and for future support?
5	Assist in the planning and delivery of playful activities with consideration to social distancing.	How can you support families and communities to provide playful interactions during social distancing measures?
6	Offer consultation and advice for selecting hygienic creative play resources that can also meet the needs of children, families and communities.	Consider developmentally and culturally sensitive toys and play resources for therapeutic activities? What additional hygiene factors need to be put in place?
7	Engage in online supervision and therapeutic tele-health training with consideration to their intended scope of practice during the Coronavirus crisis.	What expertise do you bring from your primary discipline as well as Play Therapy and Filial Therapy training? What planning, reasoning and reflection do you need to undertake in clinical supervision to plan for crisis work and Tele-Play Therapy? What additional online training in tele-health do you need to access?
8	When assessed as appropriate, deliver online therapeutic interventions for children through families and significant others within communities.	How would you set up and deliver online services? What considerations are needed to scaffold therapeutic interventions for children, families and communities?

Considerations for transitioning face to face to Tele-Play Therapy

If you are considering making this transition for your current client load there are some important steps to take as you prepare for this move.

1. Pause to reflect on what this transition may mean for you as a clinician and for the children and families you work with.
2. Seek clinical supervision to plan and consider the suitability of cases for tele-play therapy.
3. Consider if the therapeutic work is essential now or if it can be held over until after the social distancing measures have been lifted.
4. Consider which play therapy theoretical models are appropriate for Tele-Play Therapy.
5. Review and adapt current consent forms for use in Tele-Play Therapy.
6. Review and adapt your procedure for gaining assent from child and adolescent clients for the use of Tele-play, Tele-health or Tele-Play Therapy.
7. Check your current insurance policy to ensure Tele-Play Therapy is included.
8. Plan to ensure your delivery of Tele-Play Therapy will comply with data security measures.

9. Consider what resources would be needed to offer tele-play therapy; for example, toys and play materials would be needed for the children but hardware and software for both therapist and client would also be required.
10. Assess the suitability of your child clients and family relationships and environment to access tele-play therapy safely and effectively.
11. Consider how you can prepare child clients and families to navigate the transition.
12. At all times, adhere to APPTA’s Clinical Competencies and Practice Standards.
13. At this time, APPTA does not recommend deep relational therapeutic work be undertaken through the medium of Tele-Play Therapy.

Table 2 outlines the scaffolded and carefully sequenced responses as to what play therapists could provide during an ongoing crisis situation. This table was adapted and extended from “Three levels of post disaster intervention” (VanFleet & Mochi, 2015, p.180).

Table 2

Therapeutic scaffolding during an ongoing crisis

Level of therapeutic response	Type of therapeutic activity and intervention	Desired focus of activity and intervention	Level of systemic support (key persons to enable engagement)
Normative activities	<p>Culturally appropriate, playful engagement, games and other family activities.</p> <p>These activities can be supported by the Play Therapist using the Tele-play medium, and/or led by children and families.</p>	<p>To provide a sense of normality through engaging, playful and fun activities.</p> <p>This provides a platform for the practitioner to support familial relationships and identify needs.</p> <p>Ensuring a safe and hygienic environment needs to be considered in order to provide normative activities.</p>	<p>Tele-play consultation.</p> <p>The Play Therapist offers consultation services to caregivers and community organisations to support the provision of normative activities for children.</p>
Therapeutic activities	<p>Developmentally and culturally sensitive activities with clear linkage to identified needs.</p> <p>Activities should be planned and recorded using</p>	<p>To alleviate stress, develop skills and coping strategies, provide opportunities for problem solving, build resilience, further develop familial relationships and engage in ongoing assessment of needs.</p>	<p>Tele-health as therapeutic consultation and support.</p> <p>The Play Therapist offers consultation services to caregivers and community organisations to support the provision</p>

	clinical documentation.		of therapeutic activities for children.
Tele-Play therapy	<p>The timing of service delivery of individual, family or systemic interventions should be planned based on clinically informed ongoing crisis best practice.</p> <p>Adhere to APPTA's Clinical Competencies and Practice Standards (2014).</p> <p>Provision of Tele-Play Therapy in accordance with practitioner's level of training and expertise.</p> <p>Using the Play Therapy Dimensions Model (PTDM) as a framework to inform an integrative model within a humanistic stance. Models that inform an integrative approach could include: prescriptive play therapy, directive approaches, Cognitive Behavioural Play Therapy (CBPT), Filial Therapy (FT), Child-Parent Relationship Therapy (CPRT), and other systemic models of play therapy practice.</p>	<p>Provide Tele-Play Therapy interventions to current child clients, families and community organisations to support the social and emotional wellbeing during the ongoing crisis.</p> <p>Where possible, delay initiating new referrals until social distancing measures have been lifted.</p> <p>When assessed as needed and appropriate, advocate for additional psycho-educational resources and activities for children that may be facilitated by the family.</p> <p>Link families and organisations with suitable online resources that are complementary to the activity or intervention.</p>	<p>Tele-Play Therapy with children, adolescents, families and organisations.</p> <p>The Play Therapist offers services to children, adolescents, caregivers and community organisations through the provision of Tele-Play Therapy.</p>

Play therapy recommended readings

Glazer, H. (2017). Play Therapy in the Digital Age: Practice and Training. In S. L. Brooke, S. L. (Ed.) *Combining the Creative Therapies with Technology: Using Social Media and Online Counseling to Treat Clients* (pp. 25-33). Springfield: Charles C Thomas.

Prepared for APPTA by Kate Renshaw and Judi Parson (March 2020)

Mochi, C., & VanFleet, R. (2009). Roles play therapists play: Post-disaster engagement and empowerment of survivors. *Play Therapy, 4*(4), 16–18. [Link to article](#)

Parson, J., Renshaw, K., & Hurt, A. (2019). RxTxT: Therapeutic Texting. In J. Stone (Ed.) *Integrating Technology into Modern Therapies. A Clinician's Guide to Development and Interventions* (pp.64-79). New York: Routledge Taylor & Francis Group.

VanFleet, R., & Mochi, C. (2015). In S. Goldstein, R.B. Brooks, & D. A. Crenshaw (Eds.) *Play Therapy Interventions to Enhance Resilience* (pp. 168-193). New York: The Guilford Press.

Useful resources

- APPTA: [Clinical Competencies and Practice Standards](#)
- APT: [Information on the Coronavirus disease 2019](#)
- Rise VanFleet: [Pandemic Response for Mental Health and Play Therapists – Some Thoughts and Considerations](#)
- Dee Ray: [Child-Centered Play Therapy and Telehealth](#)
- Garry Landreth: [Life Changing Play](#)
- Beyond Blue: [Looking after yourself during the Corona Virus Outbreak](#)
- Emerging Minds: [Communicating with your child about COVID-19](#)
- Mentally Healthy Schools: [Responding to the coronavirus: resources for mental health and wellbeing.](#)
- American Counseling Association: [Mental health, professional counselling and emergency preparedness](#)
- Easterseals Illinois Autism Partnership: [My Coronavirus Story](#)
- Manuela Molina: [COVIBOOK](#)
- Daniel Feldman (2019): [Children's play in the shadow of war](#)
- United Nations Human Rights Office of the High Commissioner: [Convention on the Rights of the Child](#) . See Article 31- Children have the right to play.

Tele-Health resources

- Australian Psychological Society (APS):
 - [Considerations for providers](#)
 - [Principles for choosing videoconferencing technology](#)
 - [Telehealth: FAQs for providers](#)
- American Psychological Association (APA):
 - [Guidelines for the practice of telepsychology](#)
 - [Telehealth continuing education resources](#)

Online professional development

- [COVID-19: Tackling the Novel Coronavirus](#)
- [Managing COVID-19 in General Practice](#)

Therapeutic referrals

Contact an APPTA play therapist in your area using the “find a play therapist” on the APPTA website [here](#)