Proposed Scope of Practice for

Play Therapy in Australia

A Professional Standards Proposal

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Play & Filial Therapy

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This scope of practice (SOP) was drafted by Dr Kate Renshaw to assist with the process of professionalisation of Play Therapy in Australia, and was sent to the Australasia Pacific Play Therapy Association Ltd (APPTA) on 22 July 2026 for the Board to consider for adoption. Dr Renshaw has granted APPTA ongoing permission to adapt this document as needed for governance purposes, with attribution to this original publication.

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Attribution and Source Acknowledgement

This document was developed by adapting the structural framework of the Occupational Therapy Australia Scope of Practice Framework (2017) for application to the Play Therapy profession in Australia. This approach follows an established and legitimate professional development pathway within Play Therapy's own history: the APPTA Clinical Competencies and Practice Standards (2014) were similarly developed by Dr Kate Renshaw, as Chair of Policy and Ethics, through adaptation of the British Association of Play Therapists (BAPT) standards with permission. That document subsequently contributed to shaping the International Consortium of Play Therapy Associations (IC-PTA) Education Competencies and Standards of Practice (2023).

The author acknowledges Occupational Therapy Australia as the source of the structural model and records her appreciation for that document's clarity and utility as a template for allied health professions seeking to articulate their scope of practice.

Other source documents informing this proposal are acknowledged throughout and referenced fully at the end of the document.

1. Introduction and Purpose

Play Therapy in Australia is at a defining moment. The 2024 Cormack Review of scope of practice across the Australian health system has focused professional attention on what it means for a practitioner to be "educated, competent and authorised to perform" a defined range of professional activities (Cormack, 2024). At the same time, growing recognition of Play Therapy in policy and funding contexts — including emerging discussions about its place in the National Disability Insurance Scheme (NDIS) and the school mental health landscape — makes it essential that the profession can speak clearly and with one voice about what Play Therapy is, who is qualified to provide it, and why that distinction matters.

This document proposes a Scope of Practice for Play Therapy in Australia. It is offered as a professional standards proposal, submitted to the Australasia Pacific Play Therapy Association Ltd (APPTA) for consideration and potential formal adoption. It does not represent APPTA's current or official position; it is a contribution to an ongoing professional conversation.

The purpose of this framework is to:

- describe Play Therapy practice within the Australian context, introducing and contextualising the foundation documents and credentialling structures that govern Play Therapy in Australia
- define the scope of Play Therapy practice and its application across settings and populations
- articulate the distinctive contribution of the qualified Play Therapist at each level of practice, including universal, targeted, and intensive tiers
- establish the basis for Play Therapy competencies and the development of advanced and extended scopes of practice
- describe the supervision and professional accountability structures that support safe and ethical Play Therapy practice
- position Australian Play Therapy in alignment with international standards

A clear scope of practice serves practitioners, employers, educators, families, funding bodies, regulatory agencies, and policymakers. It enables qualified Play Therapists to reflect on their own competence and development. It protects children by ensuring that the term "Play Therapist" means something verifiable

— something that signals a defined standard of training, accountability, and ethical practice.

Child safety is the primary rationale for this document. Professional clarity is not an exercise in boundary-marking or status-seeking. It is a child protection matter.

2. What is Play Therapy?

2.1 Definition

Play Therapy is a therapeutically informed, relationship-based approach in which a trained Play Therapist uses play — the natural medium of communication and meaning-making for children — to facilitate psychological, emotional, developmental, and social wellbeing. It is both a profession and a modality: a distinct area of clinical and educational specialisation with its own theoretical foundations, evidence base, training requirements, and ethical obligations.

Play Therapy differs from the use of play as a general activity or teaching tool. It requires the practitioner to hold a therapeutic frame, to understand developmental and attachment theory, to respond to the symbolic and relational dimensions of play, operationalise the therapeutic powers of play, and to work within professional and ethical boundaries. These distinctions are not merely technical — they are clinically and ethically significant.

2.2 Play Therapy as a Profession, Not Only a Model

A critical distinction underpins this entire framework: Play Therapy is a profession, not merely a model that any practitioner from any background can incorporate into their existing practice by attending a short course or reading a guidebook.

A professional scope of practice is different from a list of techniques. Techniques can be transferred. Scope of practice describes the whole arc of professional formation: the values, theoretical knowledge, clinical competence, ethical grounding, supervision requirements, and ongoing professional accountability that together constitute safe, effective practice. When the term “Play Therapist” is used without reference to that arc, it dilutes the professional standard and places children at risk.

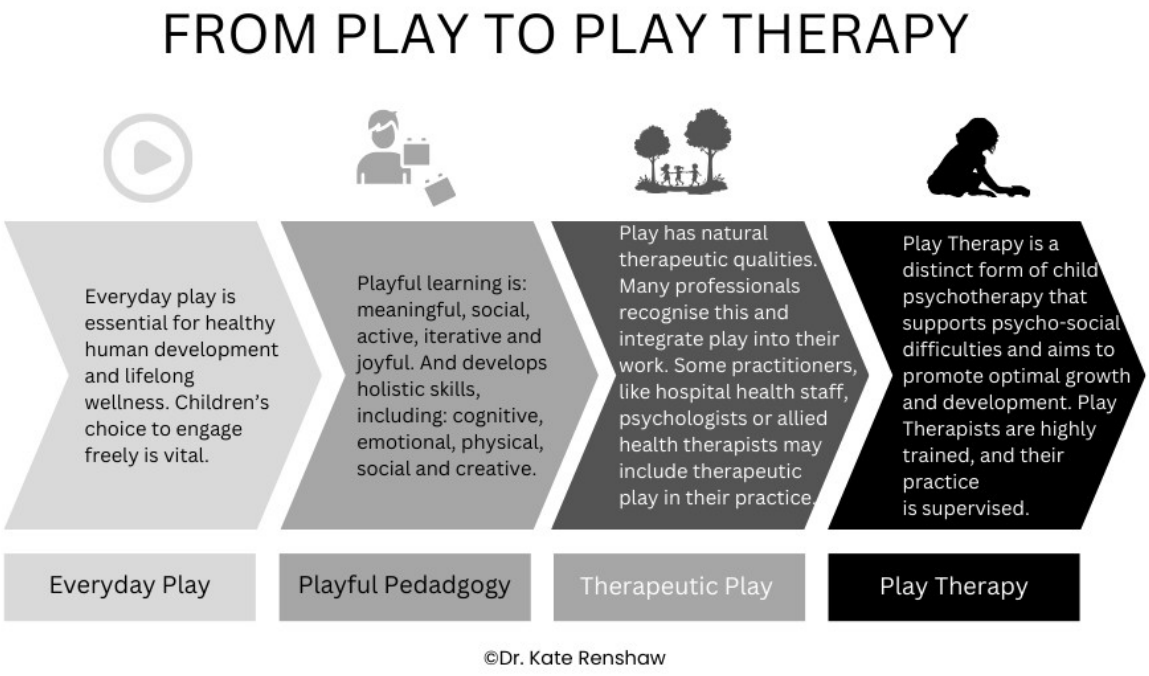
This framework affirms Play Therapy as a profession. It describes the scope of that profession. It does not, and cannot, prescribe a scope of practice for others who may use Play Therapy as a model of practice within their primary discipline (e.g. psychology, social work, occupational therapy) or who use play therapeutically within a different professional framework. Section 8 addresses this relationship with other professions in more detail.

2.3 The Role of Play in Therapeutic Work

Play is the primary language of childhood. It is the medium through which children process experience, develop selfhood, negotiate relationships, and make meaning of their world. A qualified Play Therapist understands this not as metaphor but as a clinical reality with significant implications for assessment, case formulation, intervention and outcome reporting.

The Play Therapist works at the intersection of play and psychotherapy — using play not merely as engagement or rapport-building, but as the primary therapeutic medium. This requires sustained training in Play Therapy theory and practice, not simply training in an adjacent profession that incorporates some Play Therapy techniques or play activities.

This continuum, from everyday play to Play Therapy, is captured below in the "From Play to Play Therapy" graphic (© Dr Kate Renshaw, first shared 5 December 2024 under the title "The Difference Between Play and Play Therapy"), which illustrates the progressive clinical depth and professional specialisation required as interventions move along that continuum.



3. Play Therapy within the Australian Context

3.1 History and Development

Play Therapy has been practised in Australia for several decades. The Australasia Pacific Play Therapy Association Ltd (APPTA), founded in 2007, is the foundational professional body for Play Therapists in Australia and the

surrounding region, providing the membership, credentialling, and standards framework within which qualified Play Therapists practise.

The APPTA Clinical Competencies and Practice Standards (2014), led by Dr Kate Renshaw as Chair of Policy and Ethics, with Dr Judi Parson, APPTA Chair, assisting in the process, adapted from the British Association of Play Therapists with permission, and ratified at the APPTA AGM, established the foundational standards for Play Therapy practice in this region. Those standards subsequently contributed to informing the IC-PTA Education Competencies and Standards of Practice (2023), giving Australian Play Therapy a direct line of influence in international standards development.

3.2 Current Policy Context

Several intersecting policy developments make this the right moment for Play Therapy to articulate a formal scope of practice:

- The Cormack Review (2024) examined scope of practice across health and allied health professions, foregrounding the definition of full scope of practice as "the professional activities that a health professional is educated, competent and authorised to perform, and for which they are accountable" (Cormack, 2024).
- The NDIS has progressively engaged with Play Therapy's potential role in therapeutic supports for children with disability (Renshaw & Scira, 2024). Clear scope of practice documentation is essential to any funding determination, and existing evidence summaries support this case (Renshaw & Scira, 2025).
- School mental health policy across Australian states and territories is increasingly attentive to tiered models of support. Play Therapy's tier structure maps clearly onto Multi-Tiered Systems of Support (MTSS) frameworks already familiar to education systems.
- Parliamentary inquiries, including the federal Inquiry into the Thriving Kids initiative (final report published December 2025), have directly referenced the work of Play Therapy researchers and practitioners in documenting the need for accessible, evidence-informed developmental and mental health support for children.

In this context, the absence of a formally adopted scope of practice document represents a professional and policy gap. This document is offered to fill it.

3.3 Regulatory Context

Play Therapy in Australia is not a nationally registered profession under the Health Practitioner Regulation National Law (the National Law). Play Therapists

are therefore not subject to the mandatory registration requirements that apply to, for example, occupational therapists, psychologists, or social workers. This does not diminish the professional standing of Play Therapy; it reflects the current legislative landscape rather than the clinical or ethical standards of the profession.

In the absence of statutory registration, APPTA's voluntary credentialling framework — the Registered Play Therapist™ (RPT™) and Registered Play Therapist – Supervisor™ (RPT-S™) designations — provides the primary mechanism by which qualified Play Therapists are identified and their standards verified. This framework aligns with international credentialling models, including those of the Association for Play Therapy (APT) in the United States and the British Association of Play Therapists (BAPT) in the United Kingdom.

This document operates within and alongside that credentialling framework. It does not presuppose statutory registration. It articulates the professional scope of practice that credentialled Play Therapists uphold, and provides the standards foundation from which a future case for statutory recognition could, if warranted, be developed.

4. Scope of Play Therapy Practice

4.1 Defining Scope of Practice

Following the Cormack Review (2024), the scope of practice for Play Therapy is defined as:

the professional activities that a Play Therapist is educated, competent and authorised to perform, and for which they are accountable.

Scope of practice is determined by the profession through its standards-setting body (APPTA), and is shaped by: professional education and training; competency standards; codes of ethics and conduct; practice guidelines; and the contexts in which practice takes place. Full scope of practice develops progressively through experience, professional development, and sustained supervision. It is not attained at entry level alone.

Scope of practice does not provide exhaustive lists of interventions or techniques. Such lists risk defining practice too narrowly and would prevent the profession from growing in response to emerging evidence and community need. Rather, scope of practice describes domains of activity, levels of practice, and the professional formation required to practise safely and ethically within them.

4.2 What Play Therapists Do

Play Therapists in Australia work with children, young people, families, and the systems that surround them. They draw on a broad and specialised knowledge base that integrates developmental psychology, attachment theory, neuroscience, play theory, trauma-informed practice, and therapeutic relationship theory. Their work spans direct clinical practice, consultation, psychoeducation, supervision, professional development, research, and advocacy.

Within clinical practice, Play Therapists may:

- conduct comprehensive assessment of children's developmental, psycho-social, relational, and trauma presentations through the medium of play
- develop and implement therapeutic intervention plans informed by Play Therapy theory and evidence
- provide non-directive, directive, or integrative Play Therapy, matched to the child's needs and presentation
- facilitate filial therapy and related parent–child relationship programmes
- provide therapeutic consultation to families, carers, teachers, and support teams
- assess and respond to child safeguarding presentations within their professional scope
- provide consultation, psychoeducation and professional development training to caregivers and other professionals
- collaborate with other professionals in multidisciplinary and interdisciplinary teams
- document, evaluate, and communicate the outcomes of Play Therapy intervention

Beyond direct clinical practice, Play Therapists may also practise in areas that underpin or support service delivery, including:

- clinical supervision of other Play Therapists
- professional education and training in Play Therapy
- policy development and advocacy
- research and scholarship

4.3 The Multi-Tier Play Therapy Framework (MTPT)

The Multi-Tier Play Therapy (MTPT) framework (Renshaw, 2022) provides the structural model for understanding how Play Therapy practice operates across

levels of intervention intensity. The MTPT framework maps clearly onto the Multi-Tiered Systems of Support (MTSS) framework widely used in Australian education, making it a particularly useful scaffold for articulating Play Therapy's role in school and educational contexts.

The three tiers of the MTPT framework are:

Tier 1: Universal Play Therapy Practice

Tier 1 encompasses the Play Therapy activities that a qualified Play Therapist provides to all children in a given setting, without requiring individual referral or clinical concern. This includes:

- implementation of relationship-based, play-informed approaches to learning and social environments (e.g., TORA: Teacher's Optimal Relationship Approach — Renshaw, 2022)
- psychoeducation with parents, carers, and educators about the role of play in children's development and wellbeing
- consultation with schools and organisations about play-rich, trauma-informed environments
- social and emotional learning programmes informed by Play Therapy principles

The Teacher's Optimal Relationship Approach (TORA), Play Therapy's first evidence-based universal approach[1], has origins traceable to 2003, when Dr Kate Renshaw, then working as a school counsellor, identified a gap between individual intervention and support teachers could deliver themselves. Following early data collection (2008) and a research connection facilitated after her return to Australia in 2013, she undertook doctoral research at Deakin University (2014–2022) to finalise TORA's development, submitting her PhD thesis in December 2022. TORA operationalises Tier 1 Play Therapy practice for classroom and educational settings. The Contextualised Optimal Relationship Approach (CORA) and the Optimal Relationship Approach (ORA) have since been adapted from TORA to deliver in diverse contexts and with caregivers.

Tier 2: Targeted Play Therapy Practice

Tier 2 encompasses early intervention Play Therapy responses for children who have been identified as experiencing social, emotional, behavioural, or relational difficulties that have not responded to universal supports. This includes:

- small-group therapeutic play and group Play Therapy programmes
- targeted individual Play Therapy assessment and short-term intervention

1 This assessment is based on a scoping review of existing school-based play and Play Therapy programmes conducted during doctoral research; no prior approach was identified that was designed and evaluated as universal in scope, as distinct from approaches later generalised to a single classroom (Renshaw, 2022).

- filial therapy programmes for families experiencing relational difficulty
- consultation and collaborative support for educators and carers working with identified children

Tier 3: Intensive Play Therapy Practice

Tier 3 encompasses intensive, individually tailored Play Therapy intervention for children with significant, complex, or chronic presentations. This is the domain most typically associated with the term "Play Therapy" in clinical settings. It includes:

- comprehensive Play Therapy assessment and clinical formulation
- clinical report writing to document therapeutic progress, formulation, and recommendations for allied professionals, courts, or care teams
- sustained individual Play Therapy (non-directive, directive, or integrative) with children presenting with trauma, attachment difficulties, anxiety, developmental challenges, disability, grief and loss, abuse, or other significant concerns
- intensive filial therapy for families with complex presentations
- specialist Play Therapy consultation and co-working within multidisciplinary clinical teams
- attendance at systemic stakeholder meetings (e.g. care team, school, or interagency meetings) to represent the child's therapeutic needs and inform collaborative decision-making

The Play Therapy Hourglass (Parson, Renshaw & Zimmer, 2018) provides a scope of practice visual schemata of the relationship between Play Therapy modalities, theoretical approaches, and populations served across the tiers of practice.

4.4 Guiding Principles

The following principles guide the scope of Play Therapy practice in Australia:

- Play Therapists work within the profession's scope of practice, professional guidelines, and practice standards. Where an aspect of practice falls outside scope, appropriate consultation, referral, or handover is arranged.
- Scope of practice is determined by the profession through APPTA but is also shaped by: changes in the wider policy environment; the specific practice setting; working relationships with other professions; legislation, codes, policy, and research; and the needs of the children and families receiving services.

- Play Therapists have a responsibility to maintain currency of practice through ongoing professional development, clinical supervision, and engagement with emerging research.
- Each individual Play Therapist (under the guidance of direct clinical supervision) is responsible for ensuring that their practice remains within their own personal scope — that is, within the boundaries of their actual training, competence, and experience, as well as within the broader professional scope described in this document.
- Evidence-Based Practice (EBP) is a core expectation. Play Therapists integrate professional expertise, research evidence, the child's and family's needs and circumstances, and the practice context when making clinical decisions.
- Child safety and wellbeing are the primary obligations of every Play Therapist. All practice is conducted within relevant child protection legislation and organisational safeguarding frameworks.

5. The Play Therapist — Training, Credentialling, and Accountability

5.1 Education and Training

A qualified Play Therapist in Australia has completed a postgraduate programme in Play Therapy at a recognised higher education institution, or an equivalent qualification recognised by APPTA. Entry-level training typically includes:

- theoretical foundations in Play Therapy, including major approaches (child-centred/non-directive, directive, integrative, filial, and others)
- developmental psychology, attachment theory, neuroscience, psychopathology, and child development
- trauma-informed practice
- Play Therapy assessment and formulation
- systemic and family-centred approaches to practice
- supervised clinical placement in Play Therapy with children across developmental stages and presenting concerns
- child protection and safeguarding knowledge
- ethical practice and professional standards
- research literacy and evidence-based practice
- therapist use of self and reflective practice, including cultural humility
- professional practice and behaviour

Supervised clinical placement is a core component of Play Therapy training. In Australia, the Placement Assessment and Review (PAR) (Sarah, Renshaw, Hadiprodjo, Godfrey & Parson, 2023) provides a structured framework for assessing and reviewing student learning and competency development within Play Therapy placement contexts.

5.2 Credentialling: APPTA RPT™ and RPT-S™

The longest standing credentialling framework for Play Therapists in Australia is maintained by APPTA. The two core designations are:

- Registered Play Therapist (RPT™): The entry-level credential, awarded to members who hold a postgraduate qualification in Play Therapy together with evidenced supervised clinical practice, clinical supervision, and personal therapy hours.
- Registered Play Therapist – Supervisor (RPT-S™): The advanced designation, awarded to practitioners who hold the same postgraduate education base as the RPT, together with specific training in supervision and a significantly greater body of evidenced supervised clinical practice, clinical supervision, and personal therapy hours.

[Please refer to APPTA's credentialling documentation for current training, practice-hour, and CPD requirements]

These credentials are aligned with the British Association of Play Therapists (BAPT, UK), and are consistent with the IC-PTA Education Competencies and Standards of Practice (2023).

In Australia the use of the RPT™ and RPT-S™ titles is limited to those credentialled by APPTA. This is the primary mechanism for title differentiation in the Australian Play Therapy context.

5.3 The Case for Title Protection

The term "Play Therapist" is not currently protected in Australia. Any person may describe themselves as a Play Therapist regardless of their training, qualifications, or professional accountability. This represents a significant gap in child protection.

Title protection — limiting use of the title "Play Therapist" to those who hold recognised qualifications and professional credentials — is not a matter of professional gatekeeping. It is about safeguarding child wellbeing, and making

the title meaningful in the professional and public facing landscape of allied health professions. A parent, teacher, NDIS planner, or GP referring a child to a "Play Therapist" should be able to rely on that title as a reliable signal of training, ethical grounding, and accountability. At present, they cannot.

APPTA's RPT™ and RPT-S™ credentials are the current practical substitute for statutory title protection. This document supports the principle of title protection and invites APPTA and the broader profession to continue building the evidence base, training standards, and policy case that would support a future application for title protection or statutory recognition.

6. Practice Settings and Populations

6.1 Settings

Play Therapists in Australia practise across a wide range of settings, including:

- private practice
- primary and secondary schools, including school-based wellbeing and counselling programmes
- early childhood and kindergarten settings
- community health centres and allied health services
- child and adolescent mental health services (CAMHS)
- paediatric hospital settings
- disability support organisations and NDIS-funded services
- out-of-home care and foster/kinship care organisations
- family support and domestic violence services
- refugee and humanitarian settlement services
- grief and bereavement services
- research and higher education institutions

The setting influences the specific scope of activities that a Play Therapist will undertake, the intensity of intervention delivered, and the governance and supervision frameworks within which they work. Scope of practice at the individual level is always context-informed.

6.2 Populations

This list is a starting point, but there are others not included here that could also be added. Play Therapy in Australia primarily serves children and young people

from birth to adolescence, and their families and carers. Play Therapists work with children presenting with:

- anxiety, depression, and other mental health concerns (e.g. PTSD, OCD, etc)
- trauma, including abuse, neglect, domestic violence, and complex developmental trauma
- attachment and relational difficulties
- adjustment difficulties, including grief, loss, family breakdown, and transitions
- neurodivergence, including autism, ADHD, sensory processing differences, and other neurodevelopmental differences, as well as support needs arising from acquired brain injury (ABI) and fetal alcohol spectrum disorder (FASD)
- disability, including intellectual disability and acquired physical disability
- social and emotional learning needs at a universal level

Some qualified Play Therapists also work with infants, adolescents, adults, and aged populations, applying Play Therapy principles to therapeutic work across the lifespan. Scope of practice in these extended areas reflects additional training and experience, and is consistent with the profession's values and competency expectations.

7. Professional Responsibilities

7.1 Clinical Supervision

Career-long clinical supervision is a professional and ethical requirement for all Play Therapists in Australia, not merely a feature of training programs or early career practice. Supervision is the primary mechanism by which Play Therapists maintain the quality and safety of their clinical work, reflect on practice, and continue their professional development.

For APPTA members, clinical supervision requirements are specified in the APPTA Clinical Competencies and Practice Standards (2014) and the credentialling requirements for RPT™ and RPT-S™ designations. Supervision must be provided by a qualified clinical supervisor with appropriate Play Therapy expertise; where possible, this should be an APPTA RPT-S™.

Supervision requirements vary by career stage, practice context, and complexity of clinical work. Play Therapists working with high-complexity presentations — including significant trauma, abuse, or complex developmental needs — carry a particular responsibility to ensure adequate supervision is in place.

7.2 Continuing Professional Development

Continuing professional development (CPD) is both a professional commitment and a credentialling requirement for APPTA members. CPD maintains and extends competence, keeps practitioners current with emerging evidence, and supports the development of advanced and specialist practice skills.

Play Therapists are responsible for identifying their own learning needs and pursuing CPD that is relevant to their practice context and consistent with their scope. APPTA provides guidance on CPD expectations as part of its credentialling framework.

7.3 Ethics

All APPTA-credentialled Play Therapists practise within the APPTA Code of Ethics and Professional Conduct. The Code provides the ethical framework for practice, addressing: relationships with children and families; professional integrity; relationships with other professionals; confidentiality and privacy; and professional standards and accountability.

Ethical Play Therapy practice requires practitioners to:

- work within the boundaries of their competence and scope
- maintain appropriate professional boundaries
- uphold the best interests of the child as the primary obligation
- obtain and maintain appropriate informed child assent and caregiver consent
- maintain confidentiality within the limits required by child protection obligations and professional standards
- seek supervision and consultation when practice challenges exceed current competence
- engage in reflective practice and ongoing professional development

7.4 Child Safeguarding

All Play Therapists in Australia practise within relevant state and territory child protection legislation. Play Therapists hold mandatory reporting obligations where legislated, and all hold professional obligations to act through the designated channels on child protection concerns regardless of mandatory reporting requirements.

Child safeguarding is not merely a legal compliance matter. It is embedded in the ethical foundations of the profession. Play Therapists' unique access to children's inner worlds through the therapeutic relationship brings with it particular responsibilities to identify, report, and respond appropriately to safeguarding concerns.

7.5 Delegation and Scope Within Teams

Play Therapists may work within multidisciplinary and interdisciplinary teams, and may supervise, consult to, train or collaborate with other professionals who use play in their work. When doing so, Play Therapists:

- retain full professional responsibility for the Play Therapy components of care they provide
- do not delegate Play Therapy practice to unqualified practitioners
- provide consultation and psychoeducation to other professionals about the therapeutic use of play within those professionals' own scope
- are responsible for ensuring that referrals made within teams are appropriate to the receiving practitioner's scope

8. Relationships with Other Professions

Play Therapy sits within and alongside a broader ecosystem of allied health, education, and social care professions that serve children and families. Qualified Play Therapists recognise the contributions of other professions and work collaboratively within multidisciplinary frameworks.

As set out in Section 2.2, Play Therapy is a distinct professional discipline, not a sub-specialty or set of transferable techniques. Other professionals — including occupational therapists, psychologists, social workers, speech pathologists, and teachers — may legitimately incorporate therapeutic play into their practice within their own professional scope; this is different from practising as a tertiary trained credentialled Play Therapist.

This distinction matters for:

- families seeking Play Therapy, who deserve to know what the credential means
- referrers who need to match children with appropriately qualified practitioners
- funding bodies making decisions about which practitioners can be funded for Play Therapy services
- systems developing workforce plans for child mental health and wellbeing

Play Therapists are committed to respectful collaboration with other professions. They seek to contribute their specialist knowledge to interdisciplinary teams, accept appropriate referrals from and make appropriate referrals to other

practitioners, and engage constructively in the ongoing development of child and family-centred service systems.

9. Credentialling and Registration

The longest standing credentialling framework for Play Therapists in Australia is maintained by APPTA, as described in Section 5.2 of this document. The RPT™ and RPT-S™ designations are the recognised professional credentials for tertiary-trained Play Therapists and their supervisors in Australia. APPTA membership categories reflect different stages of professional formation.

APPTA credentialling requirements, including training standards, clinical hour requirements, supervision specifications, and CPD obligations, are set out in the APPTA Clinical Competencies and Practice Standards (2014) and associated credentialling documentation, available at appta.org.au.

10. International Alignment

Australian Play Therapy operates within a global professional community. APPTA maintains alignment with the major international bodies in the field, including:

- IC-PTA (International Consortium of Play Therapy Associations): the peak international body, whose Education Competencies and Standards of Practice (2023) set the international benchmark for Play Therapy training and credentialling. Australian practice standards, including the APPTA Clinical Competencies and Practice Standards (2014), contributed to the development of the IC-PTA standard.
- APT (Association for Play Therapy, USA): the largest national Play Therapy association in the world and originator of the RPT™ credentialling model adopted internationally, including by APPTA. APT operates within the United States credentialling context, which requires government-regulated mental health licensure as a primary professional credential alongside the RPT™ designation. APT is also a member of IC-PTA.
- BAPT (British Association of Play Therapists, UK): The UK has two PSA-registered Play Therapy bodies, BAPT and PTUK, with PTUK having raised its standards over time to align with BAPT's. The APPTA Clinical Competencies and Practice Standards (2014) were adapted from BAPT (see Section 3.1), making BAPT the source model for Australian practice standards. The UK's regulatory model for standalone Play Therapy recognition is the most developed Australia has drawn on, encompassing standalone professional registration and Professional Standards Authority (PSA) membership. BAPT's registration standards require postgraduate

training at Masters level or equivalent; this equivalency reflects the Bologna Process, under which UK postgraduate diplomas were recognised as equivalent to EU Masters qualifications, and is assessed by BAPT via a portfolio route where applicable.

International alignment supports Australian Play Therapists' participation in international research, education, and professional development; and it ensures that Australian practice standards remain connected to the evolving global evidence base.

This scope of practice document is consistent with and informed by the IC-PTA Education Competencies and Standards of Practice (2023). Where Australian legislative, regulatory, or contextual factors require adaptation, those adaptations are made explicit.

11. Levels of Practice

Following the OT Australia Scope of Practice Framework (2017) model, the following levels of practice are proposed for Play Therapy:

11.1 General Practice

General practice refers to Play Therapy practice commensurate with entry-level training, progressing to the well-developed skills of practitioners with sustained experience. All RPT™-credentialled Play Therapists practise within this scope.

11.2 Advanced Practice

Advanced practice refers to Play Therapy practice at a higher level of clinical complexity, autonomy, and leadership. Advanced practitioners demonstrate:

- deep expertise in a specialist area of Play Therapy practice (e.g., trauma, filial therapy, infant mental health, school-based practice, etc)
- a sustained contribution to the education or supervision of other Play Therapists
- engagement with research, scholarship, or policy development
- clinical leadership within their practice context

Advanced practice may involve the RPT-S™ designation, specialist training and certification, and/or a recognised contribution to the field through publication, teaching, or standards development.

11.3 Extended Practice

Extended practice refers to Play Therapy activities that move beyond the general scope of the profession and may require additional competencies, legislative or regulatory considerations, or specific training and governance frameworks. Examples might include prescribed therapeutic protocols requiring formal training certification, or roles involving legal or forensic functions. Each case of extended scope should be considered within the relevant governance, supervisory, and ethical framework.

12. Future Directions

This document is offered as a starting point, not a conclusion. The following areas are proposed as priorities for future development:

- Formal adoption of a scope of practice framework by APPTA, following member consultation and ratification
- Development of companion documents, including: an Advanced Practice Framework; a National Supervision Framework; and a Play Therapy in Schools Position Statement
- Ongoing engagement with the Cormack Review process and any subsequent regulatory developments affecting allied health scope of practice
- Development of the policy case for title protection for the term "Play Therapist" in Australia
- Active engagement with NDIS policy development to ensure Play Therapy's scope and evidence base are accurately represented in funding frameworks
- Contribution to the development of workforce data on Play Therapy in Australia, to support evidence-based workforce planning
- Regular review of this document — recommended biennially — to reflect emerging research, professional developments, and policy changes

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