Core Concepts of Theraplay

- Structure
- Engagement
- Nurture
- Challenge

Application to Supervision

Structure – organization and safety
- contract
- ethical boundaries
- theoretical orientation
- supervision session structure:
  - supervisee’s goals
  - support
  - skill development
  - agenda

Engagement – promoting connection
- practice communicating
- explore personal information
- role plays and videos
- opening up about problematic situations
- sensitive and attuned responses to supervisees

Nurture – support, respond to supervisee needs
- co-regulation>>self-regulation>>self-sufficient
- endorse and model self-care
- building supervisees self-esteem: UR A Big Deal
- a cup of tea

Challenge – encouraging professional growth
• moving out of one’s comfort zone
• new skill acquisition
• confrontation and constructive feedback
• build and restore confidence
• stretching oneself

Contracts that Structure

• Limits of liability
• Supervisor’s recommendations
• HIPAA regulations
• Meetings and communications
• Recordkeeping
• Supervisee’s responsibilities
• Supervisor’s responsibilities

Video recording

• Importance in Play Therapy
• Structure guidelines for supervisees
• Engage in Reviewing the video together
• Nurture the supervisees strengths
• Challenge supervisees through selected feedback
• Sample form for permission to video record

Supervision Logs and Billing

• Not all clinical supervision is play therapy supervision
• Supervision for licensure and RPT
• Log of play therapy hours vs. clinical hours
• Record of video-recording review

Supervisor Forms

• Sample forms
  – Supervisee Data and Attestation
  – Case conceptualization
  – Supervision contract
  – Supervisee client log
  – Consent for video taping
  – Accounting Log

Application of Theraplay Principles to Supervision

• What Supervision looks like using Theraplay principles – a demonstration (video)
• Practical Examples with students
• Practical examples with supervisees in agencies
• Practical examples with supervisees in private practice
Self-evaluation of Supervision Approach

- Using Theraplay dimensions to guide assessment of supervision sessions and supervisee’s growth
- 4 key questions we can ask ourselves:
  - How well did I structure the relationship and the supervisory process?
  - Have I engaged with this supervisee enough for them to feel a safe connection with me?
  - Did I recognize the supervisee’s needs for nurturance and respond with empathy and attunement?
  - Did I challenge the supervisee to stretch themselves in their practice of play therapy?

As Supervisees Grow Professionally

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References


Colorado Play Therapy Training

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Jane Johnson  970-481-6905  
janej.7529@gmail.com
Supervision Case Conceptualization

Name or Identifying Information

Age

Presenting Problem

Current Behavior or Emotional Issues

Duration of Therapy to Date

Improvement or Lack of

Issues I am struggling with

How I feel about those issues

Interventions I have used

What has worked

What has not worked

What do I hope to get out of supervision re: this case

Things to Think About:
Why am I bringing this up in supervision?
What about this case bothers me?
If I could change one thing about this situation what would it be?
Are there any legal or ethical considerations?
Is there any case management I need to do?
What supports does this client have?
What supports do I have?
Agreement for Professional Supervision Services

Introduction

This agreement has been created to address the legal, ethical, practical, and clinical issues of the supervision relationship. It can be added to or modified as the supervision process unfolds over time and across cases, and these addenda are indicated on the last page. This agreement is intended to articulate and clarify the complex mutual responsibilities of the parties involved, the procedures of the supervision, and the personal development needed to become a capable and responsible professional.

This agreement does not guarantee a recommendation or letter of reference for RPT status with the Association for Play Therapy or a recommendation to any other credentialing agency.

The individual listed agrees to this supervision with the understanding that Linda Klein does not have full access to treatment plan and progress notes and assume no liability for the clinical decisions made by the individual seeking supervision. Under this agreement, the supervisee is encouraged to follow the recommendations made by Linda Klein and other supervisors and to seek other consultation in specific cases as needed. However it is required that the supervisee follow the laws and ethics that govern his/her profession, follow the guidelines set forth by the board governing his/her state certification/or licensure and abide by the federally mandated HIPAA regulations.

Parties

We, ___________________________, (hereinafter called the “supervisee”) and ___________________________ (hereinafter called the “supervisor”), agree that the supervisor will provide professional supervision services as outlined below.

Meetings and communication

The supervisee agrees to meet with the supervisor in person as mutually arranged or at these locations and times:

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It is the supervisee’s responsibility to initiate meetings as often as necessary to meet the goals of supervision, to meet his or her training needs, provide high levels of care to the clients involved, and to address other needs that may arise.

It is recommended that supervision take place at least on a monthly basis so that the supervisor make keep abreast of clients and issues of the supervisee.

Besides our face-to-face meetings, we may use postal mail, telephone, video, e-mail, or other means to communicate. If we use e-mail messages or wireless phones to discuss cases or other confidential information, they must be encrypted. Electronic recordings will require the written consent of the clients involved.

Because we need to be able to reach each other easily and because emergencies may arise, the following arrangements for contact are made.

Supervisee

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<th>Means of emergency contact</th>
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When the supervisor is unavailable due to vacation or other events, the supervisor will assure adequate availability of a substitute supervisor.

**Frequency and Financial Concerns**

The supervisee agrees to pay for services provided, up until the time either of us informs the other (in person or by written means) of his or her plans to end the relationship. The supervisee agrees to pay the fee of $90 per session for individual supervision, starting on or about _____________. The supervisee agrees to pay $35 for monthly group supervision. Once a commitment to a group has been made supervises will pay the $35 fee per month even if they cannot attend that month.

**Consultation Services** are also available at $90 per hour and can be scheduled at your convenience. "A consulting psychologist shall be defined as a psychologist who provides specialized technical assistance to individuals or organizations in regard to the psychological aspects of their work. Such assistance is advisory in nature and the consultant has no direct responsibility for its acceptance. “

**Records and Confidentiality**

1. We both agree to keep records of our meetings, which will document the following:
   - The dates we met face to face or otherwise communicated.
   - The cases involved by name or case number.
   - Other relevant issues, such as ethical, legal, procedural, interpersonal, or organizational ones.
   - The recommendations and assignments given by the supervisor and assumed by the supervisee.
   - Discussion of the supervision process, procedures, and progress.

2. We will maintain these records in the same ways as we maintain clinical case records (as to confidentiality, availability, security, etc.).

3. We are both aware that these records are not privileged.

**Supervisee’s responsibilities**

1. Presentations to clients and informed consent.
   - The supervisee agrees to not misrepresent or advertise himself or herself in any way that might imply a competence or credential he or she does not have.
   - The supervisee agrees to explain to clients his or her professional achievements, status, or title, and to make it clear that he or she is being supervised. The supervisee will explain the supervision process and the supervisor’s activities, profession, and credentials.
   - The supervisee will obtain informed consent of clients to the information and record sharing involved in this supervision. Where direct observation and/or audio or video recordings will be made, the supervisee will obtain fully informed consent. Consent forms will be completed as appropriate.

2. Risk management.
   - The supervisee will inform the supervisor of any problems with any clients or cases as soon as possible. Any interactions with a client that raise any level of concern about risk to the client, family, peers, or others must be discussed with the supervisor immediately.
   - The supervisee will abide by the appropriate national code of ethics for his or her profession and its guidelines and other similar materials, as appropriate to the kinds of services being rendered to clients and the characteristics of those clients.
   - The supervisee will abide by the current rules and regulations of this state’s professional licensing board.
   - The supervisee will adhere to the policies and procedures of the employers of the supervisor and supervisee.
   - The supervisee will obtain and maintain his or her own professional liability insurance coverage.

3. Supervisee’s education.
   - The supervisee recognizes that a major value of supervision is the learning of professional roles and associated behaviors.
   - The supervisee agrees to use his or her best abilities to remain responsive to suggestions and recommendations.
• The supervisee agrees to bring to the attention of the supervisor any deficits the supervisee recognizes in his or her ability to perform the clinical functions involved in therapy or other clinical activities with clients.
• The supervisee agrees to complete readings and other educational assignments made by the supervisor. The supervisee may be asked to summarize or in other ways demonstrate the learning of the contents of these materials.

• The supervisee agrees to meet with clients and perform psychotherapeutic or other clinical functions in a professional, reliable, and responsible manner.
• The supervisee agrees to implement to the best of his or her ability the recommendations made by the supervisor for the handling of each case.
• The supervisee agrees to develop adequate, appropriate, and current written treatment plans.

**Supervisor’s responsibilities**

1. Sensitivity, responsiveness, and flexibility.
   • The supervisor agrees to try always to bear in mind issues of diversity, particularly their many dimensions and influences, and to be sensitive and respectful of all differences among the client(s), the supervisee, and himself or herself.
   • The supervisor agrees to attend to the boundaries, balances, and potential multiple relationships between the supervisor and supervisee. In all cases, the interests of the supervisee will be held primary.
   • The supervisor agrees to maintain awareness of the sometimes fine line between doing supervision and providing psychotherapy. If the supervisor should decide that the supervisee can benefit from psychotherapy, he or she will make referrals.

3. Monitoring and risk management.
   • The supervisor agrees to abide by the appropriate national code of ethics for his or her profession and its guidelines and other similar materials as appropriate to the kinds of services being rendered to clients and the characteristics of those clients.
   • The supervisor agrees to abide by the current rules and regulations of this state’s professional licensing board.
   • The supervisor will maintain current professional insurance coverage and include the supervisee as required by law, regulation, or the insurer.

4. Supervisor’s education.
   • The supervisor agrees to continue to learn about supervision.
   • The supervisor agrees to remain current in the model(s) and methods of assessment, therapy, legal and ethical issues, and similar clinical concerns.

5. Administrative responsibilities.
   • The supervisor will maintain appropriate and necessary records of the experiences and services provided to and by the supervisee for licensure or certification, and will ensure that the criteria are met.
   • The supervisor will provide evaluations, letters of recommendation, and similar documents about the supervision and supervisee as requested by the supervisee.

Modifications to this agreement can be made with consent of both parties and shall be in writing.

I, the supervisee, have read the supervisor’s office policy statements as well as the supervision statement above. I agree to act according to everything stated there, as shown by my signature below. I understand that this agreement can be terminated if either party does not live up to his or her responsibilities as outlined above. I agree to adhere to the contents of this agreement, until otherwise negotiated and formalized as addenda to this agreement.

Signature of the supervisee indicating agreement ___________________________ Date ___________________________

I, the supervisor, have discussed the issues above with the supervisee. I hereby agree to adhere to the contents of this agreement, until otherwise negotiated and formalized as addenda to this agreement.

Signature of the supervisor indicating agreement ___________________________ Date ___________________________

☐ Copy accepted by supervisee ☐ Copy kept by supervisor
Supervisee Data and Attestation

Name: ______________________________ Date: __________________

Home Address: ____________________________________________________

Phone: cell __________________ work __________________ home __________

Email address: work ______________________________ home __________

Emergency Contact Name: ____________________________ Phone __________

Confidentiality

1. You are a mandatory reported of Child Abuse. You have to report abuse if adult reveals abuse as a child and if it has never been reported.
2. A written document is to be filed within 24 hours of the oral report to Child Protective Services or the police. Write down whom you talked to at CPS.
4. It is your responsibility to get consent for treatment for your clients and to ensure that the client is informed regarding the issues of confidentiality.
5. Specify with your clients regarding confidentiality of communication (cell phone, fax, email, insurance company and billing service).
6. Alert your clients that when they call your cell phone it is not private.
7. Clients have the right to inspect and copy their records. You have the obligation to act in the patient’s best interest.
8. Matters discussed in group supervision are confidential.

HIPPA

1. Post HIPPA regulations in sight, hanging in your office.
2. Review HIPPA with clients – you must have a separate release signed specifically for HIPPA.
3. You must have records locked behind a two lock system. Transport files in a locked case.
4. HIPPA must be signed every year by the client.
5. Billing specialist, business associates, and janitorial staff must sign that they understand and will comply with HIPPA regulations.
6. Electronic Data – you must have your computer and Internet password protected.

Confidentiality Notice: This email is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521, and is legally privileged. This message and any attachments hereto may contain confidential information intended only for the use of the individual or entity named above. If you are not the intended recipient(s), or the employee or agent responsible for delivery of this message to the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email from your computer. The sender does not waive any privilege in the event this message was inadvertently disseminated.

Important Information

1. If you are confused, don’t do it.
2. Only take cases you can handle.
3. When in doubt contact your professional board or attorney for direction.
4. Getting sued:
   a. Plan to pay for attorney’s fees plus the loss of 2 weeks of work.
   b. Do everything you can to be reasonable because the court looks at intent.
c. Vicarious liability is a legal term to describe the full responsibility of the supervisor for the actions of the supervisee with respect to care.

d. Consideration is given to what extent you had power or control over the situation.

5. Have a crisis plan – know resources and numbers. Only schedule clients you know late at night.

Attestation:

– I have read and attest to being familiar with the code of ethics that rule my profession.
– I have read and attest to being familiar with state regulations that govern my license or certification.
– I am familiar with and follow the federally mandated HIPAA regulations ruling my practice.
– I am familiar with the state mandated child protection services laws for reporting child abuse.
– I commit to maintain awareness regarding cultural diversity and will do all that I can to fully develop this aspect of my professional life.
– I have the Play Therapy Guidelines and paper on Touch at www.4apt.org.
– I have provided my supervisor with copies of my disclosure, driver’s license, liability insurance and resume.
– I understand the conditions and limitations of supervision.
– I am clear that I need to cancel 24 hours prior to my individual counseling.
– I understand that I must pay for group supervision even if I am not in attendance.
– I agree to all aspects of professional confidentiality while participating in individual or group supervision.
– I have had an opportunity to ask questions regarding this attestation and they have been answered to my satisfaction.

Supervisee: ______________________________________________________ Date: ________________

Supervisor: ______________________________________________________ Date: ________________
## Supervision Accounting

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Photograph & Video Release Form
Linda S. Klein, LPC, RPT/S

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape as well as ideas discussed without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording or ideas discussed. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos
- Book, article or other written materials

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name___________________________________________________

Street Address/P.O. Box________________________________________

City ________________________________________________________

Prov/Postal Code/Zip Code______________________________________

Phone _______________________ Fax _______________________ 

Email Address________________________________________________

Signature____________________________ Date____________________________

If this release is obtained from a presenter under the age of 19, then the signature of that presenter’s parent or legal guardian is also required.

Parent’s Signature____________________________ Date____________________________
# Supervisee Client List

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