

FAQ Resuming Play Therapy Practice during Covid-19

Q1: My placement is resuming in September, what do I need to complete before returning to practice?

See PTUK/PTI guidance and procedures for working during Covid-19 pandemic. We advise making contact with your insurance company to clarify if your cover is adequate for face to face therapy during the pandemic and what measures you might need to put in place prior to returning to practice, such as a risk assessment. PTUK's guidance provides details of what you might need to consider within your risk assessment.

Q2: Should each client have their own play therapy resources?

The management of your therapeutic tool kit should be informed from undertaking your risk assessment, the number of resources you have and the time you have between sessions.

Your risk assessment might identify where it will be possible or not for clients to use all of your play therapy tool kit or where you feel it might be best for clients to not share resources.

Where resources are shared, consider the time it will take to clean the items and ensure you have enough time between sessions to complete the cleaning, make your notes and ground yourself before commencing the next session. Self-care is important between sessions to ensure you are present and available for your next client.

If you decide to offer a smaller therapeutic tool kit per client, ensure your clients have access to resources from all areas of the tool kit such as, sand-tray symbols offer individual sets per client, min of two per category, include family groupings. Consider how you will manage sand it can be sterilised using Milton's solution (if your placement organisation agrees to you using Milton's), be mindful this will take time to dry between sessions. It might be easier to change the sand after each client session, decanting the sand into individual tubs per client.

Q3: Should I wear a mask in school when undertaking play therapy sessions with children?

*Gov.uk (2020) Guidance: Stay alert, stay safe and social distancing states:

Where you are unable to maintain social distancing of 2 meters the use of face coverings is advisable.

Face coverings should cover the mouth and nose to prevent the spread of droplets in the event of someone sneezing or coughing.

* Different government guidance exists in different parts of the UK. You can find out more on the relevant regional websites:

- Ireland www.gov.ie
- Scotland www.gov.scot
- Wales www.gov.wales

Q4: Do children need to wear a face covering?

Gov.UK (2020) guidance states children over the age 11 should wear a face covering.

Section 3 of this Gov.uk guidance outlines when you **do not** need to wear a face covering listing legitimate reasons not to. This includes (but is not limited to):

- young children under the age of 11 (Public Health England do not recommend face coverings for children under the age of 3 for health and safety reasons)
- not being able to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability.
- if putting on, wearing or removing a face covering will cause you severe distress
- if you are travelling with or providing assistance to someone who relies on lip reading to communicate.
- to avoid harm or injury, or the risk of harm or injury, to yourself or others.
- to avoid injury, or to escape a risk of harm, and you do not have a face covering with you.
- to eat or drink if reasonably necessary.
- in order to take medication such as asthma pump.
- Hidden disabilitiesstore.com - Parents do not need to provide evidence that their child is exempt from wearing a face covering. Some children might be wearing the hidden disabilities sunflower lanyard or have an exemption card from wearing a face mask.

Q5: How do I prepare the children for therapeutic play/play therapy after such a long gap in their therapy sessions?

Prior to the sessions commencing you might consider making contact with the client through a note, inviting the client to return to see you. For many children who have been out of education for six months returning to school might feel quite disorientating, making a small booklet with photos of the room and your tool kit might be supportive. You might include a photo of yourself wearing a face covering in the booklet. Due to the gap between sessions inviting the client to visit the room (similar to an introductory session) to look around and familiarise themselves, might help with the transition back to therapy. Making a new calendar and reviewing what they may have made and placed in their art box might enable a sense of feeling emotionally ready to return to sessions.

Q6: What if my existing client chooses not to return to therapy?

Consider the ethical principles of autonomy and justice, the client has the right to choose regardless of the adults around the child feeling it is in the child's best interests. It might possibly be that the client is not emotionally ready to return to sessions at this time, a new referral can be made once they are more familiar with being back in school and ready to engage in therapy. Remember you do therapy **with** clients, not **to** them!

Q7: How do I prepare children in advance that I will be wearing a face covering?

See the answer to Q4. Including facemasks within your tool kit to enable your clients to process their thoughts and feelings through their play with masks.

Social stories are another way to support clients with additional needs enabling you to share information, through a description of events to educate the client, pictures can also be included within the social story.

Children who use a picture exchange system to support communication would benefit from the inclusion of pictures regarding face coverings, therapist with face covering to support then when access therapy.

Comic strip conversations can also help autistic children and young people to develop greater understanding. See National Autistic Society at www.autism.org.uk

You can buy or make face coverings with a vision panel to enable your clients who rely on lip reading and for those clients who might struggle not being able to see your face to see your mouth and the majority of your facial expressions, see picture 1 below:



Picture 1

Q8: Should I charge more for cleaning materials as this is an additional cost to myself?

If you are working within a school check if you will be required to use the schools cleaning products, as part of the school's risk assessment they have to identify and log all cleaning materials used within school should there be an incident.

Once you are contracted for a piece of clinical work it is not ethical to increase costs partway through your clinical work, unless you have a clause within your contract stating

you are at liberty to increase costs. Any revision to costs would usually require a notice period prior to any changes being implemented.

Q9: I was working with a client in March and have been informed their sessions will be continuing in September, do I need meet with the parent first?

Due to Covid-19 and the change in the parent permission form you are required to speak to the parent and re-contract with them. It is your responsibility to go through your risk assessment and the parent permission form prior to recommencing clinical work.

Q10: How do I manage the cleaning of my resources between sessions?

Gov.uk (2020) guidance on cleaning might support you in understanding what should be cleaned within the room. Gov.uk guidance for full opening of schools discusses meticulous cleaning of resources.

Q11: I do not have a sink in my room how do I manage hand washing?

Using running water for 20 seconds, where there is no running water in a therapy room you might need to change the water frequently during the session, possibly consider including two buckets, 1 with clean water, 1 with dirty water and a bowl.

Q12: I have been told by my placement school I am not able to work with my previous clients they have other clients more in need of emotional support.

Speak to your link person and discuss the possibility of having an ending session with your client to go through your client's box and permit them to take their artwork they might like to keep. If this is not possible write a note to your client to end the process. With regards to your record keeping this will be considered an unplanned ending.

Q13: Should I have face to face clinical supervision, or can I have supervision by zoom?

Returning to face to face clinical supervision should be risk assessed in-line with current government guidelines regarding social distancing, where this is not possible face coverings will be required to be worn. If your supervisors risk assessment identifies it is not safe to return to face to face supervision you are permitted to undertaking creative supervision by zoom or skype. Face to face supervision should resume as soon as it is safe to do so.

Zoom or skype supervision must be undertaken in-line with online supervision protocols. Each session must be for a minimum of 1.5 hours.