

Chapter 65

Ethics in Play Therapy Consultation and Supervision

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ABSTRACT

Ethics in play therapy consultation and supervision can be complex because of the “layered” nature of the relationships involved in each of these indirect services. In this chapter, we discuss the differential obligations the play therapy consultant or supervisor owes to the consultee/supervisee and the client. The ethical constructs of informed consent, competence, confidentiality, and dual relationships are discussed in relationship to the consultee/supervisee and the client. While the obligations are similar in these indirect services, there are also different obligations in each of these areas.

ETHICS IN PLAY THERAPY SUPERVISION AND CONSULTATION

Do the right thing. - Spike Lee

Ethics is ultimately doing the right thing. This can be straightforward in clinical practice and may be a relatively easy path to find. Our codes (e.g., American Counseling Association [ACA, 2014], American Psychological Association [APA, 2010]) and practice guidelines (e.g., Association of Play Therapy [APT, 2012]) give guidance that help us practice ethically, such as providing services within the boundaries of our competence and protecting client confidentiality. The codes (ACA, 2014) also recommend incorporating Kitchner’s (1984) five ethical principles into all aspects of practice: autonomy (fostering a client’s independence and right to control the direction of his/her life), nonmaleficence (not cause

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harm to others), beneficence (doing good unto others and promote human welfare), justice (fairness and equal treatment), and fidelity (commitment to demonstrate faithfulness and loyalty to the professional relationship at hand). The additional principle, veracity (dealing truthfully with clients) is also provided in the code of ethics (ACA, 2014).

Ethics in play therapy, however, is complicated by an obligation not limited to the child, but to additional stakeholders such as parents/guardians, teachers, and other professionals. Navigating these relationships often requires professionals to seek consultation or supervision. While a number of resources offer guidance in play therapy ethics (e.g., APT, 2012; Ashby & Clark, 2015), delineate conceptual differences among supervision and consultation (e.g., Knoff, 1988), discuss ethics as they relate to consultation (e.g., Dougherty, 1992; Newman, 1993) and supervision, (e.g., Herlihy, Gray, & McCollum, 2002; Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), limited information is available on how these topics function together. Many professionals question ‘when should I seek consultation’, ‘does this require supervision’, or ‘what are my obligations as a supervisor or consultant?’. This chapter aims to address these questions and discuss the ethics of these indirect play therapy services with additional stakeholders in consultation and supervision.

In this chapter, we attempt to help the reader understand the layered ethical obligations inherent to indirect play therapy services. Keeping in mind the ultimate responsibility to the child client, the chapter will address the ethical obligations to attain informed consent, practice within the boundaries of one’s competence, protect confidentiality, and manage potential dual relationships with the consultee/supervisee, the child client, and the client’s parents/guardians. These familiar issues can take on greater complexity in the layered application of play therapy consultation/supervision. The goal of this chapter is to help clarify the differential obligations we hold so that we can ultimately do the right thing.

WHO’S WHO? THE ROLES INVOLVED IN INDIRECT PLAY THERAPY SERVICES

Understanding the ethical and legal obligations in play therapy consultation and supervision can be complicated, in large part because these indirect play therapy services are made up of a tripartite relationship among at least three parties: the indirect play therapy service provider (e.g., supervisor, consultant), the direct play therapy service provider (e.g., supervisee, consultee), and the client (e.g., child and their family, system). Because of the layered nature endemic to indirect services (e.g., supervisor, supervisee, supervisee’s client) there are varied and various parties to whom the play therapist supervisor or consultant owes an ethical duty. In addition, with regard to ethical obligations, it may be helpful to treat supervision and consultation as discrete areas of specialization with differential ethical obligations (Thomas, 2010).

In play therapy supervision, the play therapist supervisor owes a direct ethical obligation to the supervisee and an indirect ethical obligation to the supervisee’s clients (ACA, 2014). The play therapist supervisor is ethically obligated to meet a reasonable standard of care in providing supervision (Russell-Chapin & Chapin, 2011). The supervisor may take on a number of roles in supervision including teaching, mentoring, evaluating, and providing guidance and direction. The supervisor is ethically obligated to provide a reasonable standard of care. That standard of care is consistent with the ethical obligations in direct service to clients (e.g., informed consent, competence, confidentiality, dual relationships). In addition to the ethical obligation the play therapy supervisor has to the supervisee, the supervisor also has an ethical obligation to the supervisee’s clients (Knapp & VandeCreek, 1997). Play therapists generally seek play therapy supervision when they cannot practice competently without supervision (e.g., are

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