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## Play Therapy Supervision Agreement

### Introduction to Supervision Agreement

This document is intended to establish the parameters and expectations between the supervisor and supervisee for developmental supervision of play therapy skills. The purpose of the supervision service is to provide 35 hours of supervision overseeing 350 hours of the supervisee's play therapy experience.

This agreement is entered into this day, \_\_\_\_\_ (date), by and between \_\_\_\_\_ (supervisee), hereinafter referred to as "the supervisee," and Emily R. Keller, PhD, LPCC, LCMHC-S RPT-S (supervisor), hereinafter referred to as "the supervisor."

### I. Nature of the Supervisory Relationship

- A. The supervisory relationship is an experiential learning process that assists the supervisee in developing therapeutic and professional competence in the field of play therapy.
- B. It is the supervisor's obligation to identify gaps in knowledge and/or skill sets, to provide recommendations for remediation, when necessary, and to protect the integrity of the play therapy field and the vulnerable children and families play therapists serve. This is achieved through the formal assessment of supervisee's play therapy competencies.

### II. Statement of Supervision Theory

- A. It is expected that supervision will occur in a gestalt play therapy framework.
- B. The role of the gestalt play therapy-oriented supervisor is similar to that of the GPT therapist. The supervisor focuses on helping the supervisee expand their capacities for authenticity, staying in the here and now, awareness, exploring, and presence as a whole play therapist. The supervisor invites experiments to explore how the supervisee's creative adjustments are blocking presence in the here and now.
- C. Play therapy supervision will facilitate the development of the following supervisee competencies essential to the competent practice of play therapy, irrespective of theoretical orientation:
  - a. **Knowledge & Understanding of Play Therapy**
    1. Demonstrate knowledge of the history of play therapy.
    2. Demonstrate understanding of the Therapeutic Powers of Play.
    3. Demonstrate knowledge of the therapeutic relationship in play therapy.
    4. Demonstrate knowledge of seminal/historically significant play therapy theories and models.
    5. Apply theories and stages of childhood development in play therapy.
    6. Identify and apply ethical practice in play therapy.

7. Demonstrate an understanding of the play therapy treatment process (e.g., treatment goals and plans, documentation, intake/termination, and tracking of treatment progress).
  8. Demonstrate knowledge of family & systemic theories in play therapy.
  9. Demonstrate knowledge of childhood-related problems and mental health diagnosis/disorders.
  10. Demonstrate an understanding of the diverse impacts of childhood trauma (e.g., neurobiological, systemic, social) and the implications in play therapy.
  11. Demonstrate knowledge of assessment in play therapy.
- b. Clinical Play Therapy Skills**
1. Apply and articulate the therapeutic powers of play.
  2. Demonstrate relationship and rapport building skills (e.g. empathy, safety, unconditional positive regard) by utilizing ‘self’ in relationships with children, caregivers, stakeholders in play therapy.
  3. Apply assessments that highlight various aspects of the child and/or system and the play therapy process (e.g. conceptualization, diagnosis, family dynamics, treatment suitability and effectiveness, termination).
  4. Articulate and explain the play therapy process.
  5. Demonstrate basic play therapy skills (e.g., tracking, reflection of feeling, limit setting, pacing with the client).
  6. Identify play dynamics (e.g., types of play, themes, stages) and incorporate clinical considerations in treatment.
  7. Develop play therapy treatment goals and plans congruent with theoretical orientation.
  8. Demonstrate understanding of own cultural identity and social identity and its influence in the play therapy process.
  9. Exhibit multicultural orientation to diversity, equity and inclusion through a culturally and socially diverse playroom and play therapy process.
  10. Demonstrate play therapy treatment skills congruent with theoretical orientation (e.g., conceptualization, intervention).
- c. Professional Engagement in Play Therapy**
1. Maintain play therapy credentials and involvement in professional play therapy organizations.
  2. Consistently evaluate and adjust play therapy practices to meet state and discipline ethical guidelines and codes.
  3. Apply ongoing integration of APT’s guidelines within the Best Practices and Paper on Touch.
  4. Recognize and adhere to the limits of professional scope of competence in play therapy.
  5. Seek and integrate play therapy-specific continued education, research, and literature.
  6. Seek and integrate play therapy-specific supervision and consultation.
  7. Practice self-care to maintain quality play therapy services.
  8. Seek and integrate ongoing knowledge regarding cultural and social diversity in play therapy.

### **III. Context of Supervision**

- A. The supervisee and supervisor will follow as closely as possible the 3-phase approach to accumulating play therapy instruction, play therapy experience and play therapy supervision described in the APT Credentialing Standards for the RPT Credential, illustrated below:

<b>APT Credentialing Standards for the Registered Play Therapist Credential</b>			
	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>
Play Therapy Instruction	35-55 CE Hours	55-70 CE Hours	45-60 CE Hours
Play Therapy Experience	50-75 Therapy Hrs.	100-150 Therapy Hrs.	100-175 Therapy Hrs.
Play Therapy Supervision Video/Observation	5-10 Supervision Hrs. 1 video/observation	10-15 Supervision Hrs. 2 videos/observations	10-20 Supervision Hrs. 2 video/observations

- B. The supervisee will complete 35 hours of supervision, of which at least 25 hours will be individual supervision. The other 10 hours of supervision will be in a group format, when available, with no more than ten supervisees participating in each group.
- C. Individual supervision will be scheduled directly through email with the Supervisor. Group supervision can be scheduled through the Sign-Up Genius site provided to the supervisee.
- D. While participating in play therapy supervision, the supervisee must participate in a minimum of one hour of supervision each month for the play therapy experience hours from that month to count towards their 350 play therapy experience hours.
- E. The supervisee will be asked to provide a report of the number of play therapy experience hours they have accrued at each supervision meeting. Play therapy experience hours include therapy provided by the supervisee to a client of any age in which they apply play therapy theory, play therapy interventions, expressive art interventions, sand tray interventions, parent consultation meetings for child play therapy clients and intake sessions for play therapy clients.
- F. The supervisor maintains a level of liability for the supervisee's clinical practice and needs to have consistent contact with the supervisee. Any period over three months during which the supervisor receives no contact from a supervisee will result in the supervisor closing the supervisee's supervision agreement.
- G. Supervised play therapy experience hours and play therapy supervision hours must be accrued in a time period of no less than two years and no more than seven years in accordance with the APT Credentialing Standards.
- H. The Association of Play Therapy describes the different types of supervision as follows:
  1. Individual Supervision. Consists of one supervisor and one supervisee.
  2. Group Supervision. Consists of one supervisor and at least two but not more than 10 supervisees.
  3. Individual in Group Supervision: You may obtain individual supervision hours within a group only if the focus was on your play therapy case notes, reports, or session video and does not exceed 10 supervisees. There is no limit to the number of hours that may be obtained in this manner.
  4. Contact or In-Person Supervision: Occurs when you meet in-person with your supervisor to discuss case notes, reports, session video, or by simultaneously but separately watching and discussing your session video. There is no limit to the number of hours that you may obtain in this manner.

5. Non-Contact or Distance Supervision: Occurs when you meet with your supervisor via telephone or online to discuss your play therapy case notes, reports, or session video. There is no limit to the number of hours that you may obtain in this manner.
- I. Supervision will consist of multiple modalities including review of 5 videotapes/live observation, progress notes, case conceptualization, instruction, modeling, mutual problem-solving and role-play.
  - J. The supervisee agrees to pay \$150 per one-hour individual session. If the session is a group format, each supervisee will pay \$75 per one-hour. The fee for two-hour groups is \$125. If 24-hour cancellation is not given by the supervisee, supervisee will be responsible for paying a \$25 cancellation fee.
  - K. Payment is due at the time of services. In most cases, the supervisee will purchase sessions online through the Calendly scheduler. In other cases, the supervisee will enter credit card payment information into [counsol.com](https://counsol.com), the supervisor's secure online note-taking, paperwork, and scheduling system. In this case, the supervisor will bill the credit card at the time of service.
  - L. This agreement and the supervisee's payment for supervision services does not guarantee a recommendation or letter of reference for RPT (Registered Play Therapist) status with the Association for Play Therapy or a recommendation to any other credentialing agency. This agreement does not guarantee RPT credential with APT. APT is solely responsible for awarding the RPT/S credential.
  - M. The supervisee agrees to this supervision with the understanding that the supervisor does not have full access to treatment plans and progress notes and assumes no liability for the clinical decisions made by the individual seeking supervision. Under this agreement, the supervisee is encouraged to follow the recommendations provided by the supervisor. However, it is required that the supervisee follow the laws and ethics that govern their profession, follow the guidelines set forth by the board governing their state certification/or licensure and abide by the federally mandated HIPAA regulations.
  - N. It is also understood that the information shared in supervision is for educational and information purposes only and does not constitute legal advice. Legal advice is specific to the circumstances of each situation and all supervision exchanges in no way replaces or act as a substitute for the advice of competent legal counsel. The supervisor makes no claims, promises or guarantees regarding the information exchanged during supervision as legal representation.

### III. Evaluation

- A. Feedback will be provided in each supervision session. Feedback will be related to the competencies described in supervision theory.
- B. Supervisor notes and recommendations are available to the supervisee on the Supervision Note provided to the client at the end of each supervision meeting.
- C. Supervision Goal Planning, Review and Evaluation will occur at the end of each of the three phases.
- D. If concerns are noted in the supervisee's practice by the supervisor, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee.
- E. If the supervisee continues to exhibit the practice concerns without effectively implementing the remedial steps, the supervisor reserves the right to terminate the supervision agreement.

#### **IV. Duties and Responsibilities of Supervisor**

- A. Uphold the highest standards of practice and adhere to the professional Code of Conduct for the supervisor's profession, as well as the current rules and regulations of the state licensing board(s) that govern the supervisor's professional license(s).
- B. Maintain professional liability insurance.
- C. Develop supervisory relationship and establish emotional tone.
- D. Review at least five video tapes or live observations with the supervisee during the course of supervision.
- E. Assists in development of goals and tasks to achieve in supervision specific to assessed skills.
- F. Prepare a Supervision Report for each supervision meeting that documents the date and time of the supervision meeting, supervision format (group/individual), initials of clients and presenting information for individuals presented, questions or issues discussed, progress toward learning goals, specific recommendations provided to the supervisee, suggested readings and/or learning activities.
- G. Challenge and problem-solve with supervisee.
- H. Provide interventions with clients and directives for clients at risk.
- I. Identify theoretical orientation(s) used in supervision and in therapy and takes responsibility for integrating theory in supervision process, assessing supervisee theoretical understanding, training, and orientation(s).
- J. Identify and build upon supervisee strengths.
- K. Introduce and model the use of personal factors including belief structures, worldview, values, culture, transference, countertransference, and parallel process in therapy and supervision.
- L. Ensure a high level of professionalism in all interactions.
- M. Identify and address strains or ruptures in the supervisory relationship.
- N. Distinguish administrative supervision from play therapy supervision and ensures the supervisee receives adequate play therapy supervision.
- O. Clearly distinguish and maintain the line between supervision and therapy.
- P. Discuss and ensure an understanding of all aspects of the supervisory process in this document and the underlying legal and ethical standards from the onset of supervision.
- Q. Attend supervision as scheduled, arriving on time, and notifying the supervisee at least 24 hours in advance of cancellation, with the exception of cases of emergency, illness or inclement weather.
- R. Provide 30 days' notice to the supervisee if the supervisor needs to withdraw from the supervisory relationship, thus ending the Supervision Agreement.

#### **V. Duties and Responsibilities of the Supervisee**

- A. Uphold the highest standards of practice and adhere to the professional Code of Conduct for supervisee's profession, as well as the current rules and regulations of the state licensing board(s) that govern the supervisee's professional license(s).
- B. Maintain professional liability insurance.
- C. Review client video tapes before presenting it in supervision
- D. Prepare for supervision, arriving ready to discuss client cases by being prepared to present integrated case conceptualization that is culturally competent and specific questions regarding the case.
- E. Bring to supervision personal factors, transference, countertransference, and parallel process, and is open to the discussion of these.
- F. Identify goals and tasks to achieve in supervision to attain specific skills.
- G. Identify specific needs relative to supervisor input.

- H. Identify strengths and areas of future development.
- I. Understand the liability (direct and vicarious) of the supervisor with respect to the supervisee's practice and behavior. Identify to clients their status as supervisee, the supervisory structure, and name of the play therapy supervisor.
- J. Disclose errors, concerns, and play therapy issues as they arise.
- K. Raise issues or disagreements that arise in supervision process to move towards resolution.
- L. Provide feedback to supervisor on supervision process.
- M. Respond non-defensively to supervisor feedback.
- N. Consult with supervisor or delegated supervisor in cases of emergency related to clients that have been discussed in play therapy supervision.
- O. Implement supervisor directives in subsequent sessions or before as indicated.
- P. Attend supervision as scheduled, arriving on time, and notifying supervisor at least 24 hours in advance of absences. If 24-hour notice is not given, the supervisee is responsible to pay the \$25 cancellation fee, with the exception of cases of emergency, illness or inclement weather.
- Q. Provide 30 days' notice to the supervisor if the supervisee needs to withdraw from the supervisory relationship, thus ending the Supervision Agreement.

## **VI. Confidentiality**

- A. The client record should document the client's knowledge that supervision is taking place, the nature of information that is shared, and verification that the client has the name, address, and phone number of the supervisor in the form of an Authorization for Supervision and Media Release
- B. The supervisor will ensure that all client information is kept private and confidential except when disclosure is mandated by law or when the supervisee's conduct and professional behavior is in breach of the professional code of ethics, law or may do harm to client or others.
- C. Although only the information which relates to the client is strictly confidential in supervision, the supervisor will treat supervisee disclosures with discretion, except when disclosure is mandated by law or the supervisee's disclosure includes a breach of the professional code of ethics, law or may do harm to client or others.
- D. The supervisee will maintain the confidentiality of client information and disclosures of other supervisees shared in group supervision meetings.

## **Conflict Resolution**

In the event of a conflict between the supervisor and supervisee, the supervisor will obtain consultation. Supervisee will have access to an appeals or mediation process. The supervisee will have a resource for consultation in the event that they believe that the supervisor is professionally impaired or has violated ethical guidelines.

## **Supervisor's Scope of Competence**

Dr. Keller received a doctorate in counselor education and supervision from St. Mary's University of Texas, where she focused on marriage and family therapy and social justice/ She is a Licensed Professional Clinical Counselor in California (10821), Licensed Clinical Mental Health Counselor Supervisor in the state of North Carolina (S11488), a Nationally Certified Counselor (646690), and a Registered Play Therapist Supervisor (T2808). She has more than 12 years of clinical experience accumulated in in-patient child and adolescent services, at a children's bereavement center, at a regional nonprofit training institute, and in private practice. She has experience in trauma and grief as well as extensive postgraduate training in working with children, couples, and families.

In addition to Masters and doctoral level graduate work, she completed a postgraduate program at the Southeast Institute for Group and Family Therapy and a training program through the Couples Institute. She received supervisor training as part of her doctoral work and has supervision experience as a former faculty member of the Southeast Institute. Her theoretical training and orientations include redecision therapy, gestalt therapy, transactional analysis, gestalt play therapy, developmental theory, attachment theory, systems theory, and object relations.

**Modification of Agreement**

The agreement may be revised at the request of supervisee or supervisor. Revisions will be made only with consent of supervisee and approval of supervisor. The agreement can be terminated by either the supervisor or the supervisee by providing 30 days' notice to the other party.

We, \_\_\_\_\_ (supervisee) and Emily R. Keller, PhD, LPCC, LCMHC-S RPT-S (supervisor) agree to follow the directives laid out in this Supervision Agreement and to conduct ourselves in keeping with our professional standards, Code of Ethics, laws, and regulations.

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisee Printed Name:* \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor Printed Name:* Emily R. Keller, PhD, LPCC, LCMHC-S RPT-S