

AOTEAROA NEW ZEALAND ASSOCIATION OF PLAY THERAPY MANATŌPŪ INCORPORATED

Policy

Clinical Supervision in Play Therapy

The purpose of this policy is to set out the Association requirements and recommendations for the clinical supervision of play therapists who are seeking provisional membership, wanting to upgrade to full membership or maintain their full membership of ANZAPT.

In this policy, the term “clinical supervision” takes the meaning understood in the profession of play therapy. That is, a play therapist is expected to consult regularly with a person skilled in child-centred play therapy for the purpose of professional support, assistance and professional development.

The Association recognises that each play therapist is best placed to decide who is best qualified to provide clinical supervision to them because of the personal nature of the relationship however it is expected that the supervisor chosen will have:

- an appropriate professional background and be skilled and experienced in CCPT
- a New Zealand qualification in professional supervision
- an ANZAPT or NIRE CCPT-S qualification in CCPT supervision
- CCPT-S membership of ANZAPT or equivalent professional body for a minimum of 5 years

It is expected that clinical supervisors will be actively engaged in clinical supervision of their supervisory practice, and participate in ongoing professional development. Supervisors should take into account limitations to their competence and suggest consultations and referrals when appropriate. It is expected the clinical supervision should not be provided by a person in a managerial or line responsibility position.

All play therapists, including supervisors, must receive ongoing, appropriate, formal and regular clinical play therapy supervision, independent of their managerial relationships. Additional supervision such as workplace, cultural and other specialist supervision may be undertaken as well as clinical supervision. Clinical supervision contributes to improved competence in clinical practice and professional development.

Frequency of play therapy clinical supervision

Play Therapists must receive supervision adequate to maintaining their level of competency, functioning and good practice. Play therapists are expected to undertake clinical supervision of a frequency and duration commensurate with the play therapist's experience, caseload and intensity of clinical work. Supervision generally occurs on a fortnightly basis for those in full-time clinical work, or as determined by a training programme, whichever is the most frequent.

Supervision of newly qualified play therapists

The Association requires that a minimum of fortnightly supervision is undertaken by newly qualified play therapists with less than 200 hours of clinical practice experience, regardless of caseload, as the supervision has a function of solidifying the training process. Weekly supervision is required if the client load exceeds 10 tamariki.

The Association requires a minimum of monthly supervision for those with between 200 and 300 hours of clinical practice experience, or for every 20 client hours.

Total Client Contact hours	Number of Client hours per week	Minimum Frequency of Supervision Required
Less than 150	4 or less	Fortnightly
	5-9	Weekly
150-200	10 or less	Fortnightly
	11+	Weekly
200-300	any	For every 20 clients & at least monthly

Mode of clinical supervision

Where supervision is undertaken within a group, and/ or via electronic means, care must be taken to ensure the depth of reflection on clinical practice for each participant is equivalent to that produced in a one-to-one, face-to-face context. Supervision may take a number of forms, including individual or group supervision and may involve telephone, email and letters. It may be live or may be based on personal recall, notes, videotapes, audiotapes, transcripts or client's creative works.

Group Supervision

Group supervision will not include more than three supervisees, with a minimum of 30 minutes per supervisee. Group supervision will be equivalent to individual supervision hours as long as each supervisee contributes equally.

Peer Supervision

Peer supervision can be a useful tool for reflective practice, but is not accepted as a format for the requirements of clinical supervision accepted by ANZAPT. Peer supervision must be used in addition to individual or group supervision; Play Therapists cannot only be supervised through peer supervision.

Cultural supervision

In some situations, specific cultural supervision may be needed in addition to clinical supervision. Refer to the Association's Cultural Competencies requirements.

Purpose of clinical supervision

The purpose of clinical supervision is for play therapists to reflect on and develop effective and ethical practice. It also has a monitoring purpose with regard to play therapists' work. Supervision includes personal support, mentoring, professional identity development and reflection upon the relationships between persons, theories, practices, work contexts and cultural perspectives. For further information and guidelines refer to the ANZAPT document "Reflective Practice and Continuing Professional Development Policy."

This Supervision Policy will be reviewed bi-annually or as required by changes in legislation or organisational needs to ensure its effectiveness in supporting supervisors and supervisees of Play Therapy practice. "Guidance for Clinical Supervisors" should also be consulted in addition to this document.

Approved: August 2025	Policy in effect from: September 2025
Previous review dates: N/A	Date to be reviewed: April 2027