



PLAY Project Implementation Options for Certified & Licensed PPCs

This document will outline what is REQUIRED to meet fidelity of the model and offer implementation options for delivery of services. The PLAY Project can be delivered efficiently and effectively by CERTIFIED PLAY Project Consultants in a variety of ways.

The evidence-based model of implementing The PLAY Project (PLAY) is considered best practice. This includes providing 3 hours per month of direct coaching, modeling and parent education with video recording and sharing videos monthly alongside a full Video Review Form. However, with long wait lists, increasing caseloads, more frequent visits and time stressed parents, delivery of PLAY content must adapt to meet the needs of busy parents and professionals in community settings.

Though the methodology of The PLAY Project never changes, implementation of the model can be flexible for Certified PPCs. PPCs in the supervision process will follow the best practice of PLAY, as learning and practicing the methodology takes experience and guidance for proficiency.

Below we have outlined the required elements of The PLAY Project as well as implementation options for PLAY content delivery:

VISITS:

Required:

*** Regular contact with the child and caregivers that includes education and coaching of PLAY Project Methods, Principles and Techniques.**

Implementation Options:

- PLAY visits can be held weekly, bi-weekly or monthly.
- Visits can occur at home, school, clinic, or virtually (Tele-PLAY).
- TelePLAY can be used to meet with caregivers around the globe! See TelePLAY Manual for guidelines and tips.
- When beginning PLAY, caregivers receive approximately 3 hours per month of direct coaching and modeling regardless of visit schedule and length. Once caregivers demonstrate an understanding and ability to apply PLAY in their regular interactions with their child, sessions can be spaced farther apart, allowing caregivers an opportunity to know where they get “stuck” and need support.

VISIT SUGGESTION REPORT:

Required:

***A Visit Suggestion Report (VSR) should be given to the caregiver at the end of each visit. The Visit Suggestion Report should briefly outline 3 suggestions for caregivers that focus on PLAY Methods & Techniques tailored to the child's unique profile (CZ, SMP, FDL).**

Implementation Options:

- The VSR includes brief comments on the child's FDL % range, Comfort Zones and Sensory Motor Profile. These comments inform caregivers with strategic goals in mind.
- If regular PLAY Plans are completed, the VSR can remain brief, otherwise, PPCs use the VSR-2 to update the child's profile.
- Early Intervention: Suggestions can be written into your progress notes for the caregivers as long as PLAY language and methodology are followed.
- Medical Rehabilitation and Mental Health: Suggestions can be written into SOAP notes and written in an insurance friendly way, as long as they are given to the caregivers.

VIDEO RECORDING:

Required:

***Videos of approximately 15 minutes per month should be taken of the PPC coaching from behind the camera, modeling in front of the camera and of the parent-child interaction.**

***Video should be used monthly to educate caregivers and document progress.**

***Videos should be shared with the family, at minimum, monthly.**

Implementation Options:

- Caregivers can videotape, on their own, and send videos to their PPC for additional ideas.

VIDEO REVIEWS:

Required:

***Best practice video review includes a full Video Review Form with PLAY Plan, either narrative or automated, along with 15 minutes of coordinating video footage, monthly to be shared with caregivers. This should ALWAYS be done at the beginning of intervention and again at the end of intervention.**

Implementation Options:

- Video reviews can be done in writing using the narrative or automated Video Review Form.

- Video reviews can be done in person, either at the end of each visit, the beginning of the next visit, or can be done through an audio recording or virtual session.
- Caregivers and PPCs will decide together the most effective way to review session videos, based on individual needs.
- Even if PPCs do not provide written video reviews, they should still follow the traditional video review format and verbally:
 - Review the video, focusing on key *observations* and making key *suggestions*.
 - Share clinical impressions of MAIN POINTS, CZ, FDL, SMP and suggestions for methods, techniques and activities.

PLAY PLANS:

Required:

***An initial written PLAY PLAN should be done, in detail, and shared with the caregivers. This initial assessment of the child's unique profile is important to help educate, both the PPC and caregivers, through the lens of The PLAY Project model of intervention.**

***A PLAY Plan should be completed at the end of intervention.**

Implementation Options:

- Written PLAY Plans should be completed and shared with the caregivers *at minimum* every 6 months and at most once monthly.
- *The PLAY Project Parent Guide* can be used as a reference for PLAY principles, methods, techniques and activities.

BILLING & INSURANCE COVERAGE:

Billing and insurance coverage varies by state, by carrier and by professional licensure, however The PLAY Project can be reimbursable. Several states offer PLAY through early intervention and PLAY continues to actively reach out to early intervention administration to broaden our reach. Medical rehabilitation providers (OT,PT,SLP) can bill insurance using discipline specific treatment codes as they incorporate PLAY, including modeling and parent coaching, into their therapy sessions. Mental health professionals can bill insurance using conjoint family therapy codes. Report writing can be tailored to meet insurance requirements.

DECIDING A MODEL FOR YOUR PRACTICE:

Several factors go into selecting the most effective and efficient model of service delivery for your clinical practice. The most important factor is talking with your caregivers about the options and allowing them to tailor their coaching in a way that matches their lifestyle and learning style. Adaptations can be made to service delivery in a way that makes sense for your profession.

BELOW ARE SOME COMMON EXAMPLES OF PLAY BY PROVIDERS:

- 1) Sara is a Developmental Specialist for a county board. She provides PLAY, in the family's home, weekly. Sara uses a traditional model of PLAY implementation. She coaches and records video of the family during home visits, leaves the family with a weekly *Visit Suggestion Report* and sends the family a monthly full *Video Review Form*, including video clips from each visit totaling 15 minutes. She uses the PLAY Project Parent Guide to reinforce her write ups.
- 2) John is an Occupational Therapist working in a pediatric medical rehabilitation program. He incorporates PLAY Project techniques and methods into his sessions. He includes parents in sessions to coach and record video. John bills insurance, using OT codes by meeting the goals of OT through the lens of The PLAY Project. John writes his suggestions into his SOAP notes and shares them with the caregivers instead of giving a Visit Suggestion Report. John reviews videos with caregivers during the session to reference his suggestions and observations instead of providing a Video Review Form
- 3) Kim is an Early Intervention provider for an ISD. She has a large caseload and sees her families 1-2 times weekly. Kim coaches parents during all visits and records a 15 minute video monthly capturing her modeling and the parents PLAYing. She gives the family a Visit Suggestion Report once or twice a month. Kim prefers to review the video herself then meets with parents over TelePLAY to review the video together. She records her TelePLAY video review and sends it to parents. Kim builds her suggestions into her EI notes and shares the relevant information with parents to keep them focused on the main points. Except at the beginning and the end of the intervention, Kim does not provide a Video Review Form but uses the PLAY Project Parent Guide as a reference for principles, methods, techniques, and activities.
- 4) Ashley is an educator and provides only TelePLAY through private pay. She meets with families all over the country through a monthly virtual session. Ashley records clips of her coaching during the sessions. She asks parents to send her short clips throughout the month, using the suggestions that she makes during TelePLAY visits. Ashley will send ideas and support to parents between visits. While Ashley completes a full Video Review Form after her initial intake, she updates the PLAY Plan every 3 months. She uses the PLAY Project Parent Guide to reinforce her write ups.
- 5) Tony is a Social Worker and is in private practice as a child and family therapist in an office setting. Tony uses PLAY techniques, methods and principles as part of his clinical toolbox when working with families. He coaches and role models for parents during sessions and gives the family "homework" of specific strategies to focus on between visits. Tony takes short clips of video to play back for the family, while in session, to reinforce the focus on the interactional process. She uses the PLAY Project Parent Guide to reinforce her write ups.