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### Healing Space and Home Offices

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#### Comments by Clinical Editor

The author of this article addresses how a home office can also be a healing space.

# Healing Space and Home Offices

I have two supervisors who provided both supervision and direct service provision from their home offices. Dr. Nancy Riedel Bowers and Dr. Gisela De Domenico have operated from their home office for many years as this afforded them the ability to balance work, family and other professional pursuits such as writing and supervision.

For many play therapists, their healing space is created in educational settings, mental health clinics, office buildings, churches, or in their home office. A home office can be a location of healing that can be beneficial for both clients and therapist. That said, there are also challenges to providing therapy from a therapist's home base. When entering into a discussion regarding the use of home offices for Play Therapy we are also talking about how client/therapist boundaries are affected as they relate to the context of where therapy occurs (Zur, 2010).

In the United States the ability to provide therapy from home base can be regulated state by state by the therapist's availability to obtain insurance if insurance dictates that there be a specific type of supervisor on site. In my part of Ontario Canada there are no similar expectations to have a supervisor on site as determined by insurance companies, though therapists are required to have malpractice insurance and a rider for "slip and fall." However, local professional associations require members to evaluate how the clinical setting affects the client's therapeutic process (Ontario College of Psychologists, 1998).

By Theresa Fraser CPT





**“Many of my clients have not felt that warmth but share it when sitting in the rocking chair and rocking ... the rocking helps them feel better.”**

### **Challenges**

I have benefited from working from my home office for two days a week. I have also shared this office with another play therapist for a short time. The challenges of this working environment can be confidentiality, my Play Therapy office takes up space that could be used by family members, neighbours upset about traffic or parking, boundaries between clients and family members (particularly children), property maintenance, as well as creating a space that energetically is experienced by the client as their healing space instead of a place where a teenager has left a sweater. My family group is comprised of foster/adoptive/biological children each with their own issues. This means that the client, who is not easily distracted if hearing tantrums or doors slam, is scheduled during the after school hour. In my basement office I can hear the events above, however those above do not hear what goes on below. A client may wonder this so I discuss this during the intake phase of treatment.

I do not have the benefit of a waiting area. Clients who arrive too early or minors who are picked up late create not only scheduling conflicts but also at times can interrupt service provision. There is no solution for this challenge except to remind drivers and primary caregivers that in order to respect client confidentiality it is important to keep to appointment times.

Client records need to be in a locked cabinet and only accessible to the therapist wherever the office is located. Thus mental health providers need to ensure that this practice is adhered to in a home office.

If you have a client that has a history of making false allegations or has the potential to be aggressive, this may be the client that you do not see at a home office. In Canada there are many therapists who get permission at intake to videotape all sessions for the purpose of supervision and self protection. If this is not possible, one may want someone working in another

part of the house who can call emergency services. A clinician may need to decide that this may be the client that needs to be seen in a multi-staff setting and therefore is referred to such a setting or therapist practice therein.

### **Advantages**

When a client may not show, it is great to be able to throw a load of laundry in (we have six kids). My transportation costs decrease significantly when I am working from home. Also, I can set my office up for the benefit of my clients with items that I know can support and hold healing. One such example is that I painted a wall with magnet paint which provides a great check in activity because the many magnets I have represent many aspects of the larger world and can become the tools for creating a narrative. I can change the space around as required day by day or client by client without the need to take it to committee. Also, created worlds in the sand tray can stay undisturbed in between sessions. I, however, have to be responsible for clean up because I am the only one responsible for this space. Unless I contract such jobs out, they all rest on me.

I can create my own limits and rules. For example, if a client needs to take a sandtray image home with them to continue pondering the process that has been stirred up, I can say yes without feeling like I am breaking “house” rules. I also have the benefit of using my two dogs and two cats as therapy assistants where and when appropriate.

As a consumer, I have experienced receiving Play Therapy supervision in the home offices of a few supervisors and prefer this to a formalized space. The session felt comfortable and supportive which assisted in my learning.

In a home office, work can easily be taken outside when required. It is my experience that the child experiences the therapy room as a flexible while simultaneously a nurturing and homey place. I was once told by esteemed Canadian Play



Therapist/Art Therapist Dr. Betty Bedard Bidwell that every therapy room needs a rocking chair. I now have two large rocking chairs and one little one as well as a couch in my office. The rocking chair gets used often hence my need now for two. "Do you remember your mother rocking you to give you comfort when you were hurt or just needed to feel close to someone? You felt warm, as if someone cared about you." (Rodale, 1999) Many of my clients have not felt that warmth but share that sitting in the rocking chair and rocking while hearing a therapeutic story or while verbally sharing an experience, that the rocking helps them to feel better. Perhaps this is due to the motion that they can control or a long lost physical reminder of someone rocking them in the hospital nursery or a day care. I know not the individual reasons why this chair is chosen by each client but I do know that the rocking chair is the chair of choice for most of my clients.

Noted on the University of Texas Centre for Play therapy web site and in the textbook *Play Therapy: The Art of The Relationship* (2nd ed.), Landreth (2002) defined child-centered play therapy as: A dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development (p. 16).

This definition does not limit where such therapy can occur. Also, though Dr. Landreth is speaking about child centred play therapy, this definition seems to be also applicable to other play based interventions in that it refers to therapist/child relationship

and the importance of play in the development of this therapeutic rapport. Therefore, though home offices may not be the choice of all therapists, if confidentiality and ethical practice concerns are adhered to, these can become places of healing for our clients; the healing powers of play can occur here as well.

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### About the Author

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