

# Theraplay®

Michael M. Morgan, Ph.D., LMFT – Thursday, June 23, 2016 – WAPT Conference

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Theraplay is an approach to working with children that is modeled on “good enough” parenting that will support a healthy attachment. A healthy attachment has been consistently linked with positive self-concept, self-regulation and attention,

Ideally it involves parents as it works to strengthen the parent-child relationship. Treatment involves emotionally attuned, interactive, physical play, often including nurturing touch. The focus is on the here-and-now of the adult-child interactions, and is geared toward a child’s emotional needs (not chronological age). The goals are to enhance attachment, trust, self-esteem and joyful engagement and to empower parents to continue on their own the positive interactions established in session. Activities in session are designed to replicate the four components of healthy parent/infant interactions:

- **Structure:**  
Activities set limits, define body boundaries, establish expectations. The adult directs and controls the situation, communicating to the child: “You are safe with me because I will take good care of you. I know lots of ways that we can have fun together.”
- **Engage:**  
Activities that require the child to be aware of others, utilizing physical contact, eye contact, surprise and variety. They let the child know that new experiences can be enjoyable. The message is: “You are fun to be with. You can interact in appropriate ways with others. You can be close to others.”
- **Nurture:**  
Activities that are soothing, calming, quieting and caretaking make the world feel safe, predictable and warm. The adult is actively physical, affectionate and verbally affirmative, giving the message: “You are lovable. I will respond to your needs for care, affection and praise.”
- **Challenge:**  
Activities emphasize the child's strengths and competencies. Based on the child's current developmental level, activities encourage a step forward. The message is: “You are capable of growing and of making a positive impact on the world.”

## Basic Treatment Model:

- 5 sessions for assessment, feedback, treatment planning, demonstration
- 15 Weekly sessions addressing the treatment plan. Parents always observe, and are gradually introduced into active participation in the last half of each session, later becoming the focus of interactions and then taking the lead. After each 3 sessions, the next session is a consult (review of video is included) with the parents on progress, questions, concerns, etc.
- 3 sessions at monthly intervals, followed by 3 at 3 month intervals. Last session is a farewell party.

Model has been used with families experiencing a variety of concerns, both emotional and behavioral. It has been used with children who have experienced trauma, those who have been adopted or are in foster care, and those who are living with developmental delays. It has also been modified for use in child-care and school settings with small groups of children.

## Assessment:

Assessment in Theraplay is very intentional and structured so as to guide ongoing treatment. It involves three steps:

1. Intake Interview: Conducted with just the parent(s). Seeking broad understanding of the child and family's attachment and relationship styles. You will want to understand the child's strengths and struggles, the family environment, and parent expectations of the child. Be sure to explore each of the following areas (remember, you're building a relationship here)
  - a. Reason for seeking services – how do they define concerns, when they began, how others see the concerns (teachers, doctors, etc.), and how they have worked to cope / address them.
  - b. Developmental history – beginning with pregnancy, ask about events, attitudes, and concerns within the family up to the present. Look at physical, emotional and task concerns (How did you feel about being pregnant? How was it to learn how to soothe your child? Have there been any long-term separations from the child? etc.)
  - c. Parents' expectations and attitudes – particularly around their child's development and developmental needs (nurture, discipline, behavior, achievement, emotional management). Consider cultural expectations as well.
  - d. Parents' own family experiences – explore each parent's own experience growing up and being parented. Look at their family role, their parents' expectations, family rules about nurture, behavior, discipline, etc.
  - e. Parents' relationship with each other – how similar are parents in their attitudes, do they seem to function as a team? Are they able to negotiate differences and difficulties while maintaining connection (particularly related to their roles as parents)? Are they able to comfort and nurture each other? Adapt but still inquire with single-parent families.
  
2. Marschak Interaction Method (MIM): An observational protocol for assessing Parent / child relationships. A series of simple tasks for clients to do together that elicit each of the four theraplay dimensions. The MIM evaluates parents' capacity to set limits and to provide an appropriately ordered environment (Structure), to engage the child in interaction while being attuned to the child's state and reactions (Engagement), to meet the child's needs for attention, soothing and care (Nurture), and to support and encourage the child's efforts to achieve at a developmentally appropriate level (Challenge). At the same time it allows assessment of the child's ability to respond to the parent's efforts.

The MIM interaction takes from 30 to 60 minutes and is videotaped. Ideally, the interaction is conducted with each parent-child dyad, and (if possible) with both parents together. The videotaped interaction is carefully evaluated before providing feedback. Feedback includes showing parts of the videotape to demonstrate to the adult the most effective ways to engage and interact with the child. MIM manuals, card sets and forms for evaluating the interactions are available at [theraplay.org](http://theraplay.org).
  
3. Feedback Session: To share your evaluation of the MIM and move toward a contract for services. You should: focus on strengths (specifics); invite the parents to reflect on their experience and reactions; help parents understand the child's needs, and make a plan for treatment.

## More on the Marschak Interaction Method

### Steps:

1. Select Tasks to be Performed
2. Prepare the Administration Site & Materials

3. Conduct the MIM Assessment (30 to 45 minutes) *NOTE: Always Videotaped*
  - Provide Instructions
  - Conduct Assessment
  - Ask Follow-Up Questions
4. Complete the Analysis (watch videotape of session – complete the
5. Conduct a Feedback Session with Parent (60 to 90 Minutes)

### **Instructions:**

***Prior to Assessment Session:*** instruct the parent to tell his/her child that they will be playing games together and that a videotape will be made.

***Assessment Instructions:*** (given in the MIM session after seated and materials are visible)  
 “These cards describe some things we’d like you to do together.” To the parent, “Pick up the top card, read it aloud, and do the activity. It’s up to you to decide when you go on to the next activity. There is not right or wrong way to do the activities. When you are finished I will come back to ask you a few questions.”

**Basic MIM Tasks:** (there are adaptations for younger & older children in the book)

1. Adult and child each take one squeaky animal. Make the two animals play together.
2. Adult teaches child something child doesn’t know.
3. Adult and child each take one bottle. Apply lotion to each other. Alternatively, Adult combs child’s hair and asks child to comb adult’s hair.
4. Adult tells child about when child was a baby, beginning, “When you were a little baby...” For an adopted child: Adult tells child about when child first came to live with him/her.
5. Adult leaves the room for one minute without child.
6. Play a game that is familiar to both of you.
7. Adult and child each take paper and pencil. Adult draws a quick picture, encourages child to copy. Alternatively, adult builds a structure with blocks, then says to child, “Build one just like mine with your blocks.”
8. Adult and child put hats on each other.
9. Adult and child feed each other (raisins, candy, crackers, etc.).
10. Adult and child engage in arm / thumb wrestling.

### **Follow-Up Questions**

1. Was this a good picture of how things go between the two of you at home?
2. If not, what did we miss?
3. Were there any surprises?
4. What was your favorite activity? Explain.
5. What was your least favorite activity? Explain.
6. What do you think your child liked best? Explain.
7. What do you think your child liked least? Explain.
8. *Optional:* What do you think your parent liked best?
9. *Optional:* What do you think your parent liked least?

### **Observing & Evaluating the Recording**

Keep track (make notes) as you observe live & recording. To summarize, use the MIM Analysis form (see [theraplay.org](http://theraplay.org)). Remember to look for strengths as well as growth areas related to each of the four Theraplay dimensions.

	<b>Structure</b>	<b>Engagement</b>	<b>Nurture</b>	<b>Challenge</b>
<b>Sample Tasks</b>	Build a block structure just like mine Make a drawing just like mine	Play patty-cake Play peek-a-boo Have squeaky animals play together	Feed each other Put lotion on each other Put Band-Aid on child Comb each other's hair	Teach child something he/she doesn't know? Adult asks child to tell about when child is grownup.
<b>The Norm</b>				
<b>Parent</b>	In <i>adult role</i> providing clear structure appropriate to the child's developmental level	Able to engage the child and work together when appropriate. Parent and child are able to be playful while accomplishing the tasks and are emotionally in tune.	Parent is responsive, empathically attuned to the child's needs. Parent is aware of child's needs.	Parent is aware of the child's developmental level and gives positive response to child's efforts. Parent and child share pleasure in the achievement.
<b>Child</b>	Accepts adult structure		Child accepts nurture	
<b>Signs the Dyad Needs Help</b>	Parent in peer/child role Parent unable to set limits Parent turns authority to child Parent in teacher role Interaction disorganized or chaotic Child defiant, insisting on doing things own way	Parent remains aloof, allows too much distance or fails to engage the child Parent cannot leave child alone Child won't let parent go Child ignores or rejects the parent	Parent infantilizes child Parent withholds gratifying experiences Parent does not recognize child's distress Child is clingy and unable to let parent leave Child is timid, helpless, and fearful	Parent's expectations are too high (or low) Parent avoids challenging the child Parent is too competitive Parent does not acknowledge the child's efforts. Child expects too much of himself.
<b>Questions to be Asked</b>	Who is in charge? parent? child? What role does the parent take?	Can parent engage the child? Does child respond to parent's efforts to engage him?	Is parent able to provide nurturing touch, physical contact & caregiving? Can child soothe self?	Does child respond to task? Is child able to focus & concentrate?

### Session Structure

Treatment sessions occur weekly, last 30-45 minutes. The counselor plans each session – the activities and sequence, based on the dimensions that need emphasis with the child and which will help the child remain engaged and interesting (there are many activities suggested in the books, and on-line, but you are limited only by your creativity). If you come up with new activities, be very thoughtful about which dimension(s) is addressed, and any unintended messages it may send. Be flexible in session to adjust your plan to meet the child's needs – responding sensitively to the child is the top priority.

### Basic Plan for weekly Sessions

- Opening
  - Greeting Activities – “the child should experience pleasure at being discovered.” Model your greeting on the energy and delight a parent will express in greeting their infant in the morning.
  - Check-up Activities – to reconnect, help the child establish a sense of consistency of self, and convey a capability of growth over time. Look for, remember, and comment on special qualities of self, and abilities from past activities.
- Session Proper – activities to address each dimension that fits the child's needs. As you select activities, ask yourself “What is the primary goal of this activity?” Some activities may bridge dimensions, but how you employ it and what you emphasize may vary depending on which dimension is the focus
  - Plan activities for a balance between active and quiet, typically ending with more quiet, connected, nurturing
- Closing – helps children transition back to everyday live, while maintaining the relationship
  - Parting – reflect on session, invite use during the week
  - Return to Parents – pass the child off (literally) to the parent's care. If parents have not been in the session, advise them not to ask, but to respond to what the child volunteers.

## Guiding Principles

As you work with children and parents, remember these guiding principles:

1. Sessions should be interactive and relationship based – the focus is on the dyad, and the playful give & take that leads to healthy attachment (creation of safety through connection, using connection as a venue to express meaning and joy). The counselor’s role is to initiate / restart the process, model a sensitive, engaging interactional style, and attune to parents and children to facilitate co-regulation.
2. The focus is on the Here and Now – working for a felt experience of connection (shared, positive affective experience) – synchrony.
3. Sessions and activities are guided by the adults. Sensitive adult leadership creates safety and the opportunity for new experiences and healthy growth (a safe base). This builds resiliency, self-regulatory capacity (from co-regulation), and independence.
4. Be sensitive, responsive, and reflective – Parent’s attune and reflect in their response (verbal and non-verbal) the key emotional experiences of the child. Empathy is not taught, it is caught (Mary Gordon). Work to cultivate awareness of own and of child’s mental state, goals, motivations, and respond accordingly (addressing needs, not necessarily momentary wants).
5. Focus on preverbal, right-brain experiences that organize social-emotional and regulatory capacities. Remember, neurons that fire together, wire together, lower brain levels can override higher functioning (calm the croc, connect with the puppy, turn on the computer). This is largely done through vocal tone, facial expression, eye contact, rhythm, rocking, singing and touch.
6. Take advantage of all senses, including touch. Engage the full body and all external and internal senses. Remember that touch is critical for connection and soothing – encourage parents to use touch as a key source of comfort and calm.
7. Stay Playful – help children and parents connect through joyful play, which creates a positive arousal and emotional state.

## Touch

Touch is powerful. Therefore, be careful, but don’t avoid or neglect it. Speak with parents about their own and their child’s experience of touch – its meaning, use for soothing, for discipline, and any past trauma. When there has been past trauma, be more cautious, tentative in use of touch, particularly early on as you work to build safety and confidence (structure and challenge). Video-record all sessions for your own protection.

In Theraplay, the goal is to touch carefully and respectfully, to touch only to meet the needs of the child, and with a full recognition of the effect that touch has on the child. Help parents appropriately use touch in session, and encourage appropriate touch at home. Timing, pacing, and level of touch depends of the child and parent’s ability, history and comfort. Be wise. Theraplay work with parents is contraindicated with parents who are abusing substances or who intentionally hurt their children.

Theraplay is not a “holding therapy.” However, an escalated, dysregulated or out of control child in danger of hurting self or others who does not respond to other efforts to calm may only calm with some form of containing touch (cradling, arm around, other soothing physical contact. If the parent’s are able, they contain the child with support of the counselor. As soon as the child settles, containment stops. The model is the type of containment a parent may employ in holding an over tired, over stimulated or frightened toddler in order to calm him or her. Containment is never a planned component of approach, it’ is a temporary response to an exceptional situation.

## References:

Jernberg, A. M., & Booth, P. B. (2010). *Theraplay: Helping parents and children build better relationships through attachment-based play* (3<sup>rd</sup> ed.). San Francisco, CA: Jossey-Bass.

Rubin, P. B., & Tregay, J. (1989). *Play with them: Theraplay groups in the classroom*. Springfield, IL: Charles Thomas