

Theraplay®

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What Is Theraplay?



- Key Features:
 - Interactive, relationship-based (dyadic intervention)
 - Based on healthy, early parent-child interactions
 - Structured
 - Therapist directs, is active
 - Time limited (\pm 25 sessions)
 - Lively, active
 - Widely applicable

What is Theraplay?

- Historical Roots:
 - Chicago Head-Start
 - 1967
 - Ann Jernberg
 - Director of psychological services
 - No-where to refer kids
 - Developed own model



What is Theraplay?

- Based on research that optimum development depends on parent – child interactions that:
 - Structure: (you are safe & secure)
 - Engage: (you are interesting & important)
 - Nurture: (you are loved & loveable)
 - Challenge: (you are capable & competent)
- The key dimensions of Theraplay activities

Guiding Theory

- Attachment Theory
 - Research by Harlow, Bowlby, and Ainsworth begun in late 1950's
 - Profound impact of the early infant / caregiver relationship
- Humans are hardwired to attach
 - Good psychological and physiological development depends on a certain type of relationship
 - “Good-enough mothering” – Winnicott

Attachment is:

- An emotionally responsive bond between people that persists across space and time
 - Critical in early development
 - Impacts later functioning (physical, emotional, intellectual, relational)
- It is *not* a sudden, magical bond, but rather a slow, social unfolding that requires careful attention and cultivation.

Healthy Attachment Provides:

- A *Secure Base*
 - Child feels secure & supported to explore self, world & relationship
- A *Safe Haven*
 - The relationship provides safety, comfort, connection & co-regulation

Importance of Attachment

- Healthy physiology (immune function, gastrointestinal health, etc.)
- Psychological well-being (optimism, confidence, esteem, trust – self & others)
- Emotional & behavior regulation
- Arousal modulation, attention, impulse control
- Ability for self-soothing
- Ability to form / maintain healthy relationships
- Improved brain development

To Foster Healthy Attachment

- Parents must be . . .
 - Consistently, Readily Available
 - Child needs access to caregiver (high-quality & high-quantity time)
 - Availability must be physical, emotional, intellectual, recreational (multilayered)
 - Responsiveness must be quick early on, then can become more delayed

Healthy Attachment Requires:

- Parents must be . . .
 - Seeking attunement
 - Highly tuned in to child's needs and wants
 - Empathy / Mentalizing
 - Appropriately Responsive
 - Address needs
 - Developmentally appropriate
- If not available/ responsive, stress & distress

Types of Attachment

- Based on *consistent* parent – child interactions, children develop a patterned way of dealing with their external and internal social-emotional world:
 - their attachment style.

Types of Attachment

- Secure – Autonomous (55-65%)
 - Healthy, contingent caregiver / child interaction
 - Child prefers caregiver to strangers
 - Child seeks and accepts comfort from caregiver when distressed
 - Uses caregiver as a “secure base”

Types of Attachment

- Insecure – Avoidant (20-25%)
 - Low-caregiver availability / responsiveness (don't soothe)
 - No comfort seeking from caregiver (don't see as a resource)
 - Emotional Indifference to caregiver
 - Prefer caregiver / strangers equally

Types of Attachment

- Insecure – Ambivalent (10-15%)
 - Caregiver inconsistency in responding to needs
 - Child distressed by absence, but not comforted by return – clingy / needy
 - Child often hostile (active or passive) toward caregiver

Types of Attachment

- Insecure – Disorganized
 - History of caregiver abuse, neglect, or mental illness
 - Child often appears confused, dazed when with caregiver – not sure of self, extreme insecurity
 - No clear pattern for dealing with distress

“Loving connections and secure attachments build healthy and resilient brains, while neglectful and insecure attachments can result in brains vulnerable to stress, dysregulation and illness”

Louis Cozolino – The Neuroscience of Psychotherapy, 2010

The Triune Brain

- Looks a three broad layers of the brain
 - Reptilian, Mammalian, Neo-cortex
- Development is bottom to top
- Different functions for each part
 - Interact / overlap with each other
- Demands, threats, dysregulation at lower levels can shut down access / impair function of higher levels

The Triune Brain

1. Reptilian Brain: The Crocodile
 - Brain Stem / Cerebellum. Major role in basic survival , threat response, core physiological regulation, sensory integration, motivation
2. Mammalian Brain: The Puppy
 - Limbic Mid-brain. Major role in emotion, social relating, memory, attention & focus, empathy
3. Neo Cortex: The Computer
 - Higher cortices, including the middle-prefrontal (highest human functioning) Major role in logic, abstract thought, reasoning, language, morality

Approach: (Barry Chaloner, M.Ed.)

Because demands, threats, dysregulation at lower levels shut down access / impair function of higher levels, we have to first

1. Calm the crocodile, then we can
2. Connect with the puppy. Only then can we
3. Access the computer

Calming the Crocodile:

- Only happens when children feel safe
- Theraplay dimensions: *Structure, Engage, & Nurture*
- Stay calm and non-reactive – it's contagious
 - Polyvagal theory (soften, lower, and slow your voice, melodic tone, open and relaxed facial expression, lower and open body posture)
- Avoid discussing rules, consequences
- Focus on just being with the child
- Name child's behavior, emotions, goals

Connecting with the Puppy

- Largely happens through relationships
- Theraplay dimensions: *Engage & Nurture*
- Lots of eye Contact
- Communicate empathy
- Coregulation
 1. Understanding experience (what, and what it means to the child – goals, motives, needs)
 2. Feeling with (communicating empathy)
 3. Partnering in managing, addressing experience, emotion, relationships, needs

Access the Computer

- Invite child to reflect on what's going on, own reaction to it
- Help child access additional relevant information
- Help child consider others' perspectives, emotions, values, motives
- Engage in conversation about alternatives / options
- Together evaluate consequences
- Work together to make good decisions

Psycho-Jeopardy

- Be sure to phrase your response in the form of a question:

The Answer:

1. Physiological regulation
2. Attuned communication
3. Emotional balance
4. Response flexibility
5. Fear modulation / extinction
6. Insight & self understanding
7. Empathy
8. Moral sensibility
9. Intuition (non-conceptual knowing)

Psycho-Jeopardy

(tip of the hat to Dr. Dan Siegel)

- Some possible questions
 1. What is mental health & wellness?
 2. What are the common goals of counseling?
 3. What are the coordinated functions of the middle-prefrontal cortex?
 4. What are the outcomes of mindfulness practice?
 5. What are the outcomes of secure attachment?

Attachment Deficits Linked to

- Problematic attachment will likely lead to these and other concerns. Not everyone with these concerns experience(d) attachment difficulty (but true for most).
 - Problems relating to others
 - Problems accepting care / caring for self
 - Problems with transitions / change,
 - A *need* to control people, situations
 - Lack of empathy (cruelty)
 - Emotional immaturity (dysregulation)
 - Low trust / Low self-esteem

Goals of Theraplay

- By replicating the healthy kinds of interaction that occur between very young children and healthy parents, Theraplay supports
 1. Healthy, appropriate behavior by child
 2. Improved child self-concept
 3. Enhanced child / caregiver relationship
 - Strengthen secure attachment
 - More joy in interaction and relationship

Guiding Principles

- Relational focus – interactive
- Here and now experience
- Adult leadership (safety / regulation)
- Sensitive, responsive, reflective (empathy, mentalizing)
- Pre-verbal, right-brain focus
- Sensory experience (internal / external)
- Playful

Four Theraplay Dimensions

- In healthy attachment relationships, parents interact with children in ways that:
 - Structure
 - Engage
 - Nurture
 - Challenge

Structure

(You are Safe & Secure)

- Caregiver decides, set limits, is attuned
- Providing structure communicates:
 - “I can and will protect you. You are safe with me.”
- Important for:
 - Children with anxious need to control
 - Children who are overstimulated, overactive, unfocused

Engage

(You are Interesting & Important)

- Caregiver initiates, invites maintains (is responsible for) positive interaction
 - Express delight in the person of the child
- Engagement communicates:
 - You are fun. You can be close to others. You can interact appropriately
- Important for:
 - Children who are loners
 - Children who withdraw or resist interaction

Nurture

(Loved & Loveable)

- Provide soothing, calming, quieting and comforting - be warm
- Providing nurture communicates:
 - You are loveable. I will respond to your needs for care, affection and praise.
- Important for:
 - Children who are overactive, aggressive, pseudo-mature

Challenge

(Capable & Competent)

- Invite the child to stretch, develop new confidence and master arousal
- Providing challenge communicates:
 - You are capable and can make a positive contribution.
- Important for:
 - Children who are withdrawn, shy, timid, anxious

Covert 5th Theraplay Dimension

- Repetition
 - Supports safety through predictability, security, comfort
 - Helps the child builds trust in the relationship / caregiver based on the familiar
 - Strengthens the impact of the other four dimensions
 - Critical in building / strengthening new neural pathways (positive change)

Process of Theraplay

- Assessment
 - Intake interview with caregivers
 - Marschak Interaction Method (M.I.M.)
 - Feedback and contracting / Demo
- Treatment Proper
 - ± 10 30-45 minute sessions (parents observe 1st four, participate in last half of 5-10)
 - Session activities are planned in advance
- Check-up
 - 1 / month for first 3 months, then quarterly to complete 1 year

Assessment Phase

- To Understand what's going on & plan treatment
 - Intake interview with caregivers
 - Why here, developmental history, caregiver expectations & F.O.O., caregiver relationship
 - M.I.M. (to observe interaction)
 - Each caregiver, set of structured activities, video recorded
 - Looking for patterns of interactional strengths and deficits (related to 4 dimensions)
 - Feedback
 - Share strengths, treatment plan, contract

Treatment Phase

- Basic Rules:
 - 10 – 20 sessions (not counting assessment)
 - First 4, caregiver(s) observe – process with a counselor what they see, ways to do
 - Sessions 5 - termination, caregiver(s) participate in last half with the counselor
 - Ideal to have an in-room & interpreting counselor
 - Session activities are planned by the counselor, based on child's needs (assessment)
 - Use lot's of Eye contact, get down on the floor, with the child's level, use touch, use it appropriately

Treatment Phase

- Setting
 - Comfortable room, enough space
 - Pillows, bean-bag chairs, mats, mirrors
 - No toys out in view - Keep materials under your control
 - Video Camera (record everything)
- Most important item is your SELF
 - It's your / parents' interaction with the child (not the activities) that helps / heals

Materials

Have plenty of the following for use:

- | | |
|-------------------------|--------------------------------------|
| • Hand sanitizer | • Cotton balls |
| • Toilet paper | • Straws |
| • Construction paper | • Lotion |
| • Aluminum Foil | • Talcum Powder |
| • Newspaper / newsprint | • Band-Aid's |
| • Crayons | • Measuring tape |
| • Bubbles | • Masking Tape |
| • Soft make-up brush | • Baby bottle / sippy-cup |
| • Pillows | • Small snack items |
| • Blanket | (goldfish, marshmallows, applesauce) |

Treatment Phase

- Basic Sequence:
 - Opening
 - Greeting activities
 - Check-up activities
 - Session Proper (overlap)
 - Engaging
 - Nurturing
 - Structuring / Challenging
 - Nurturing
 - Closing
 - Parting
 - Transition to outside

Opening

- Greeting Activities
 - “Unrestrained pleasure” to see & be with child
 - Communicate genuine, unambivalent excitement & delight
 - Use and engaging, cheerful, personal attitude
- Checkup Activities
 - Examine, measure, check-out the child (look for favorite qualities – smile, toes, freckles, hair, etc)
 - Purposes: reconnection, consistency of self, capable of growth

Session Proper

- Alternate between active & quiet activities
 - Based on assessment
 - Respond to child & parent's needs
- Therapist . . .
 - Plans each session according to goals / needs identified during assessment
 - Is flexible to meet parents', child's needs, level

Touch

- Powerful for good & evil
 - Regulate & nurture, build healthy brains
 - Discipline & abuse, hurting brains
- Check use in Family (child & parents)
- Video record sessions for safety
- Use frequently, always appropriately
- Theraplay is **not** a “holding” therapy
- Contain minimally (style, frequency)

Structure Activities

- Therapist sets limits, defines boundaries, keeps child safe
- Therapist in charge / rules to follow
 - “Mother may I?”; Red light / green light
 - Wait till I. . . ; eye signals
 - Measuring
 - Draw around hands, feet, bodies
 - Bubble pops (body parts)
 - Toilet-paper bust out (signal)
 - Cotton-ball hockey

Engage Activities

- Establish & maintain connection – intense focus on child
- Surprise & entice / Regulate arousal
 - Child blows / pushes clinician over
 - Check body parts (temp., all there)
 - Tin-foil impression (hands & feet)
 - Hide notes / cotton balls
 - Mirroring
 - Row the boat

Nurture Activities

- Meet innate needs for caring, love
- Sooth, calm, reassure, w/o request
 - Caring for hurts (soft touch, lotion)
 - Decorate (make jewelry, face-paint)
 - Singing songs with / about the child
 - Lotion and powdering prints
 - Cradling – blanket swings, blanket burrito
 - Decorating – dress-up,
 - Fanning
 - Feeding – simple snack, bottle (direct is best, use games as needed)

Challenge Activities

- Mastery & growth / Regulate Arousal
- Build competence – success w/small risks
 - Balancing activities
 - Jumping activities
 - Balloon tennis
 - Crawling race (chase)
 - Cotton ball touch guess
 - Newspaper punch
 - Pillow flip
 - Wheelbarrow

Closing

- Parting
 - Child’s shoes / coat on
 - Discuss highlights
 - Plans for next week
- Transition to outside
 - Straighten clothes
 - “deliver” child to parent
 - Personal connection to caregiver

Treatment Phase

- Child’s typical response to therapist – often progresses through stages
 1. Tentative acceptance / interest
 - But underlying hesitance, anxiety
 2. Resistance
 - Overt negative reaction
 - Testing ? – therapist remains engaged (*relationship does not depend on child*)
 3. Increasing trust / enjoyment
 - Attachment is growing

Incorporating Parents

- Active at all phases
 - Observe first 4, process with counselor
 - Participate in 5 – end with support of counselor
 - Consults every 4th without child
 - Last session is party
- Therapist involves
 - Fun way to enter (footprints to hidden child, notes, tape arrows)
 - Still directs, actively structures and coaches
 - As parents learn they assume more leadership

Working with Parents

- Be attuned to their needs, anxieties, struggles
 - Communicate understanding & empathy
 - Coach, scaffold, co-regulate the parents
- Specifically invite to practice the style of relating at home (with the activities if necessary)
- Pacing their involvement is critical
 - Parent ability, comfort
 - Therapist guides, supports, models, regulates
- Remember ultimate goal: strengthen parent-child interactions / relationship

Theraplay can be Adapted for:

- School Classrooms
 - Structured setting, teacher training, 4 dimensions built into daily activities, counselor visits to classes
- Groups (at school or clinic)
 - Same principles, games, group involved
- Adolescents / Adults
 - Attachment is important across lifespan
 - Adapt activities, still simple, regressive
- Trauma / Dev. Delays

Theraplay Boundaries

- A very directive-relational approach
 - Compared to the non-directive-symbolic approach of child-centered play therapy
- Therapy of choice for birth – 2 & 3 year olds
- With older kids, still ideal when issues are attachment based (and many, many are)

Boundaries

- Theraplay isn't ideal in most non relationally-based problems
- In those cases, more non-directive, symbolic play therapy is indicated
 - Internal issues / fantasy / fears
 - Dealing with traumatic events
 - But if involved caregiver failure, combining with Theraplay may be helpful
- Caregivers often need to do their own work in order to create an optimal relationship with their children

Moving Forward

- Website: Theraplay.org
- Books:
 - Theraplay: Helping Parents & Children Build Better Relationships Through Attachment-Based Play (3rd Edition)
 - Adventures in Guidance: How to Integrate Fun into your Guidance Program
- ✧ Only certified practitioners can say they do Theraplay
 - Otherwise, "I base my work on Theraplay principles"
- Keep learning & apply with care – integrate
- Identify and work on your your biases / blind-spots related to Theraplay work