

THE THERAPLAY INSTITUTE

TREATMENT PROTOCOL

Philosophy

Theraplay® was developed in the late 1960's by Dr. Ann Jernberg, a clinical psychologist, to meet the mental health needs of young children in the Head Start program in Chicago. Since that time, Theraplay has been used successfully in early intervention and parenting programs, day care and pre-schools, special and regular education programs, and residential, community mental health and private mental health practice. Theraplay® is a structured play therapy for children and their parents. Its goal is to enhance attachment, self-esteem, trust in others and joyful engagement. The sessions are fun, physical, personal and interactive and replicate the natural, healthy interaction between parents and young children. Children have been referred for a wide variety of problems including withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends. Children also are referred for various behavior and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders. Because of its focus on attachment and relationship development, Theraplay has been used successfully for many years with foster and adoptive families. The typical age range of clients is from birth to 12 years, although the method has been adapted for teens and even for the elderly. The Theraplay Institute trains and certifies professionals in this method. It is now being practiced throughout the United States and also in Canada, Finland, Sweden, Germany, South Korea, United Kingdom, Australia, Japan, Israel and South Africa.

Parent-child relationships are the primary focus in Theraplay. We work to ensure that the connection between parents and children is firmly established or re-established following a loss, trauma, or separation. Because of its focus on attachment and relationship development, Theraplay has been used successfully for many years with foster and adoptive families. Theraplay is a useful therapeutic program for children with a variety of social and emotional difficulties. It also serves as a preventive program to strengthen the parent-child relationship in the presence of risk factors or the stresses of everyday life.

Distinctive Characteristics of Theraplay

- Theraplay is modeled on “good enough” parenting, the kind that leads to secure attachment.
- Treatment involves emotionally attuned, interactive, physical play.
- Nurturing touch is an integral part of the interaction.
- The focus is on the here-and-now, not on what happened in the past, interpretation of symbolic meanings or pretend games.
- Treatment is geared to the child's emotional level and therefore often includes activities that might otherwise seem more appropriate for a younger child.
- The Theraplay therapist takes charge, carefully planning and structuring the sessions to meet the child's needs.

- Parents are actively involved in the treatment to enable them to take home the new ways of interacting with their child.
- The therapist and parents work together to engage the child in a healthier relationship.

The goal is to enhance attachment, trust, self-esteem and joyful engagement and to empower parents to continue on their own the health promoting interactions of the treatment sessions.

Description of Processes

Basic Treatment Plan

Families come to The Theraplay Institute for a series of 18-24 weekly forty-five minute sessions with four follow-up sessions at quarterly intervals over the next year.

Intake/Assessment

The first session is an information-gathering interview with the parents. We use two intake forms, one a general developmental/social history (see attachment 1) and the other a parent attachment questionnaire (attachment 2) as well as the Child Behavior Checklist. If we feel, based on collection of this data, that Theraplay would benefit the child and family, we proceed with the rest of the assessment, outlined below. If we feel that we can not meet the family's needs or they are in need of other services, the Intake Coordinator provides them with referrals for other resources in the community, such as psychiatry, OT, or other psychotherapy.

The second and third appointments are observation sessions using the Marschak Interaction Method (MIM), in which the child and one parent perform a series of interactive tasks together. The interactions are videotaped and later analyzed by Institute staff in preparation for a fourth session with the parents. In that session the staff and parents discuss their observations of the interaction and together agree on a **plan for treatment**.

Sessions five through twenty involve direct Theraplay with the family, duplicating (regardless of age) the kind of playful behavior and fun games which parents and young children naturally engage in together. The interaction includes structuring, engaging, nurturing and challenging activities in combinations geared to the specific needs and problems of the individual child and his/her family. After every 3 family sessions a session is scheduled for the therapist(s) and the parents to meet without the child to discuss progress and goals.

Parents observe all Theraplay sessions and eventually enter the room and join in Theraplay directly. We often have two therapists, one who interacts with the child and one who works with the parents. When two therapists are present, the parent therapist observes with the parents and discusses the rationale for the activities, e.g., encouraging

the development of trust and self-esteem, building a sense of self as lovable, developing confidence, permitting pleasurable experiences, encouraging intimacy, developing a positive body image, strengthening perceptual motor-coordination. This discussion includes ways in which the parents can implement these ideas at home. If one therapist is present, these discussions take place with the parents at the end of each session, by phone, or at a separately scheduled time.

The final session ends with a good-bye party. Follow-up sessions are typically scheduled at quarterly intervals, with parents and child, over the next twelve months. A typical Theraplay program of twenty five sessions (4 assessment, 21 treatment & discussion) is summarized below:

Session	Program
1	Initial interview with mother and/or father.
2	One parent and child participate in Marschak Interaction Method (MIM), a structured technique for intensive observations of the ways parent and child typically interact with one another. Theraplay staff members observe and videotape this interaction.
3	Same as 2, except that other parent participates.
4	Feedback session with mother and father.
5,6,7	The therapist interacts with child while parents watch. Explanations are given to parents ahead of time as to what will take place. Questions are answered after the session and parents are encouraged to try Theraplay techniques at home. Parents enter the session towards the middle or end of each session.
8	Meeting with parents only to go over videos of sessions/review progress/discuss issues with child at home
9-11	Same as 5-7, with parents gradually becoming the focus of interaction with child with therapist's guidance.
12	Meeting with parents only to go over videos of sessions/review progress/discuss issues with child at home.
13-15	Same as 9-11, with parents gradually taking more of the lead role in interacting with child with therapist's guidance.
16	Meeting with parents only to go over videos of sessions/review progress regarding therapy goals/discuss issues with child at home.
17-19	Same as 13-15, with parents gradually taking more of

	the lead role in interacting with child with therapist's guidance.
20	Meeting with parents to evaluate therapy goals/decide on end date/refer for additional treatment
21-23	Theraplay session wherein parents are actively involved in planning and leading the sessions.
24	Final "goodbye Theraplay party" or additional sessions as needed
25	Final meeting with parents to review goals achieved and areas for future work if necessary.

Treatment Plan for Families Created Through Foster Care or Adoption

Different types of psychotherapy may be helpful to the child and family across the life span to deal with adoption/foster concerns. At the time of the initial information gathering and assessment, the focus will be on the child's and family's immediate needs and determination of the most appropriate treatment plan. These needs may be met at The Theraplay Institute, or appropriate referrals will be made.

Theraplay may be an appropriate early treatment to work on strengthening relationships; this is especially true for children ages birth-7, but also may apply to older children. In recognition of the typically greater needs of children who have experienced separation, loss, trauma, multiple caregivers or institutional care, the treatment period is extended in length and intensity. Treatment may begin with the Theraplay plan as outlined above and gradually incorporate elements of processing the child's history and adaptation to the current family. Sessions may be extended to 1.5 hours or scheduled twice weekly to allow for this processing. A treatment period of 12-24 months is common. A significant aspect of the treatment is parent education/support in order to assist the parents in responding to the child and managing the child's environment in therapeutic ways.

Safety/risk management plan:

Parents are involved in all sessions. The parents are either in the room with the child or watching on closed circuit TV or through a one-way mirror. All sessions are videotaped. Two therapists are sometimes involved in treatment. Close attention is paid to the child's emotional state to avoid the need for restraint. Staff are trained in appropriate restraint procedures.

Evaluation/outcomes/follow-up: We administer a pre and post-treatment Child Behavior Checklist to parents. We also include an evaluation session with parents every 4 treatment sessions, where we review progress and ongoing treatment goals. We often do a post-MIM as well. Follow up occurs after 3 months, wherein we do a check-up session and add additional sessions if necessary for an adjustment.