

# Chapter 3

## Theraplay: The Evidence for Trauma–Focused Treatment for Children and Families

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### ABSTRACT

*Theraplay® is a brief, attachment-based parent-child psychotherapy approach that uses interactional play to establish ‘affectional’ bonds between caregiver and child. Recent research related to Theraplay suggests it is an evidence-based practice for use in schools and clinical settings for a wide range of childhood problems, including those that are trauma-based. Of particular importance, Theraplay is emerging as an approach that is consistent with current neuroscience research on children’s brain development and new understandings of attachment and disruption advanced by researchers. Young clients with some form of trauma-related symptoms comprise a large percentage of clinical cases, and present with complicated emotional and behavioral problems. In this chapter, we will explore the basic theoretical underpinnings of Theraplay, the relevant mechanisms of change, and current evidence base. Although Theraplay can be used with a wide range of clients and problems, in this chapter, the focus will be on the application with families with children who have experienced trauma.*

### HISTORY AND EVOLUTION OF THERAPLAY

In 1965, the Head Start program began in the United States, offering free pre-school to underprivileged children. Dr. Ann Jernberg, a Clinical Psychologist, was hired to develop a treatment program that could serve the hundreds of children entering the program in Chicago who needed help with behavioral and social-emotional issues that left them ill-prepared to integrate into the program. At that time, the only mental health services available to young children were at private psychological practices, an impractical model to deliver services to these children in poor neighborhoods. Theraplay was born out of this need

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## ***Theraplay***

for mental health care for young children and families, and has since evolved to a more central focus on attachment and the importance of caregiver attunement and co-regulation based on co-creator Phyllis Booth's studies with John Bowlby and at the Tavistock Institute. Attunement, or the adult's ability to recognize and respond to the child's internal emotional state, and co-regulation, the adult's ability to soothe a child who is distressed and engage a child who is distracted or bored, are essential to achieving healthy attachment and social-emotional development (Schoore, 2009; Schoore & Schoore, 2008).

The Theraplay Institute was organized in Chicago in 1971, originally as a private psychological practice, where parents who had heard of the success of Theraplay in Head Start sought treatment for their own children and families. Theraplay® was registered as a service mark in the United States in 1976, to protect the integrity of the model. During this time, professionals had begun coming to the Institute to get trained in Theraplay, and a fledgling certification program was developed. Within a few years, people from Canada, Germany, and Finland traveled to Chicago to train in the Theraplay method. Realizing that the Institute was becoming more of an international training organization than a local clinical practice, it was reincorporated as a non-profit organization in 1995. A rigorous protocol for certification as a Theraplay therapist and further training to become a Theraplay Trainer and Supervisor were developed, and Booth wrote the second edition of the Theraplay text, published in 1999. She published the third edition of the Theraplay text in 2010. Theraplay is now used in over 60 countries.

Over the intervening four decades since its inception, Theraplay has evolved considerably. Among the changes are; adaptations for working with adolescents and adults (Kyung, 2011), adaptations for involving parents/caregivers (Bennett, Shiner, & Ryan, 2006; Weir, Lee, Canosa, Rodrigues, McWilliams, & Parker, 2013), adaptations for children with developmental disabilities (Siu, 2014). Adaptations have also been made specifically for treating trauma, which lends credibility to its use as a trauma-focused intervention (Bennett et al., 2006; Cort & Rowley, 2014; Robison, Lindaman, Clemmons, Doyle-Buckwalter, & Ryan, 2009; Wier et al., 2013). Several studies have been published on the efficacy of Theraplay with children on the autism spectrum (Franklin, Moore, Howard, Purvis, & Lindaman, 2007; Fuller, 1995) and internalizing disorders (Makela & Vierikko, 2005; Siu, 2009). Readers with a special interest in these populations should seek out those works.

Currently, a growing number of Theraplay clients are children who have experienced significant early relational traumas (Booth & Jernberg, 2010). Several agencies that focus on adoption and foster care have chosen Theraplay as their primary mode of therapy based on successful outcomes with complex and difficult cases (Cort & Rowley, 2015). As this particular application of Theraplay has expanded, The Theraplay Institute has invested more time and staff resources to discovering the change mechanisms that may account for this success, and to offering specific modifications for the treatment of trauma (Booth & Jernberg, 2010). Simultaneously, new evidence from researchers in cognitive science and brain biology has begun to identify underlying mechanisms within the human brain and body that may explicate some of the reasons that Theraplay has long been a successful clinical intervention for young children who have had traumatic experiences.

As it is currently and most frequently practiced, Theraplay is a dyadic therapy involving parents or caregivers and children between the ages of 2 to 12 (Lender, Booth, & Lindaman, 2012). Children with a variety of social, emotional and behavioral difficulties benefit from Theraplay, including those with withdrawn or depressed behavior, overactive- aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends (Wettig, Coleman & Gleider, 2011; Siu, 2009, 2014; Hong, 2004). Theraplay is also indicated for children with behavior and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders (Franklin, et al. 2007),

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