

Theraplay®: A Head Start Treasure
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Historian

When the Head Start pilot project was first introduced in the city of Chicago in 1967, it quickly became evident that some formal system of identifying and dealing with the special needs of participating children would have to be devised. Ted Hurst was an industrial psychologist and owner of Worthington, Hurst and Associates, Inc. (WHA), with a deep and long-term interest in the learning process—particularly how children develop language and reading skills. He submitted a proposal and WHA was awarded the first-ever contract to provide psychological services to the Chicago Head Start Program, city-wide.

He hired Ann Jernberg, a clinical psychologist trained at the University of Chicago and working at Michael Reese Hospital in Chicago, to head up WHA's initial effort. Ann, in turn, asked her friends and colleagues to help out, including Phyllis Booth. Ann had once been Phyllis Booth's assistant teacher at the University of Chicago Nursery School. It was expected that psychologists would be hired and assigned to a cluster of schools, children with special needs would be identified and tested, and then referred to community mental health facilities for treatment.

As demographic studies at the time predicted, they found that approximately 10% of the children enrolled needed some sort of special attention (I would argue today that number should be significantly higher). Imagine the surprise of our very first consulting staff when they discovered there were no facilities that would take on all these needy preschool children as clients. And *IF* we could find a sufficient number of therapists who would work with preschool children, we knew we would not be able to afford them. Thus, it was soon the consensus that something new and different would have to be tried.

Ann had worked at Michael Reese with Austin DeLauriers and Viola Brody, two forward-thinking clinicians who were trying—and encouraging her to try—some radically new interventions that were much more intrusive, structured, and therapist-directed than anything being done anywhere else at the time. It was decided that, with Vi Brody as the primary trainer, and WHA's team of psychologists as on-site supervisors, we would hire a number of non-credentialed individuals, teach them to play therapeutically with children, and hope we could provide the sort of behavior-changing experience these children needed in order to receive maximum benefit from their Head Start experience.

Ernestine Thomas, a clerk in the children's psychiatric unit at Michael Reese, was the first individual so engaged, and after Ernie, we primarily sought out playful college students and Head Start mothers. Ernie was asked to participate because she had a reputation at the hospital for being able to calm the most inconsolable child, the most agitated or acting-out kids, and help them feel safe and well-taken-care-of during their visit to the doctor's offices. (She tells the story, herself, about a child who was said to be

mute. During the staff meeting this child was discussed and someone said, “But he talks to Ernestine.”)

During the 1968-1969 school year, WHA received a grant from the city of Chicago to film what we were doing, so that it could be shared with others. Three different mental health aides—as Ernestine and the other paraprofessionals were called—were filmed working one-on-one with a child, and so was Ann Jernberg, working with a group of young mothers at a parent-child center. Though our techniques were clearly seen to be effective (usually in a fraction of the time more traditional approaches typically took), many observers were uncomfortable with it because it seemed to reward “bad” behavior (rather than punishing them). Some objected because adults were touching children and “treating them like babies.” And it was contrary to the philosophical leanings of a good deal of professionals—both educators and psychologists/psychiatrists—at the time.

These films designed to demonstrate our work and document the validity of our approach. During the process—after filming was complete, but before editing began—a production meeting was held during which someone pointed out that this thing we were demonstrating had no name! The cameraman, Charles Lyman, was reported to have suggested, on the spur of the moment, “How about Theraplay!?”

Shortly after the filming was completed, in 1969 and 1970, as word got out about our new way of working with special children, we were asked to travel to New York City and the Virgin Islands, among other places, to assist in setting up similar programs there. Two films were being shown: “Here I Am” (showing Ernestine Thomas and Mary O’Toole, each working with a shy, withdrawn child); and “It Can Be Done,” (which showed Ann’s work with the mothers at the parent-child center). Our popularity in Chicago was growing, although there were a number of educators and psychoanalytic traditionalists who were skeptical, to say the least.

In 1972, follow-up visits with the three children who had participated in the films were made and the two pertinent follow-ups were added to “Here I Am.” At the same time, a short film was made of an interview with Gloria Williams, the mental health aide who was working with an overactive, acting-out child. Money ran short and interest waned and, while the interview with Gloria was finished it was never distributed. Her work with the aggressive child—filmed at the same time as “Here I Am,” stayed in the can, too, unfinished.

(During these early years Ann was also serving as chief psychologist for the LaPorte County, IN, Comprehensive Mental Health Center in Michigan City, IN, and maintaining a thriving private practice. Several of her young colleagues there, including Terry Koller, Tony Vitiello, and Ron Montoya, became Theraplay Therapists over the years that followed. And it was Terry Koller, who introduced this author to Ted and Ann in the spring of 1974, a meeting which led to my involvement as a founding board member of The Theraplay Institute and owner of WHA some 31 years later.)

Soon after the first two films were completed, we began receiving inquiries about the availability of Theraplay for non-Head Start, older kids and their families. Also, a number of people who happened upon us while we were playing with kids wanted to know more and began asking about the availability of training. At first it was mostly speech pathologists and preschool teachers, but soon social workers and even a few psychologists with younger clients started showing an interest. Hence, in late 1973 or early 1974, we opened up a private clinic where we began, really for the first time in a concentrated way, to work with families (rather than individual children, without their parents) and where other professionals could come for training. Our first two or three classes were filled almost to capacity with the clients, cohorts, and coworkers of Sally Blair Bligh, a speech pathologist. One of her first colleagues to attend was Phyllis Rubin, who went on to write the book on Group Theraplay, and still serves on TTI's board of directors. As I was a salaried employee by then, and Phyllis Booth was a willing volunteer, she and I were the two primary therapists in our private clinic, with Koller, Vitiello, Montoya, Bligh, and a few others taking on an occasional client. As students finished our training, we often hired them as consultants to the Head Start Program and invited them to work with us (usually as unpaid volunteers) in our private clinical practice.

Early in 1975, Ted Hurst had me retrieve the unfinished film of the overactive, aggressive child and work on a rough edit. When it was ready it was turned over to professionals for the final work and I had the pleasure of naming our second film, that of Gloria Williams doing Theraplay with an overactive, aggressive boy, "There He Goes" (A fitting title, I thought, to complement "Here I Am").

Meanwhile, back in Head Start, a growing number of people were expressing misgivings about this feely-touchy, non-democratic, adult-in-charge, controlling technique, and by 1980, their numbers had grown to the point where we were not only told to stop doing Theraplay in the Chicago Public Schools (CPS), but we were admonished not even to say the word out loud as we conducted workshops, did classroom observations and initial screenings of our Head Start charges. At about the same time that CPS was cutting Theraplay from their programs, other non-CPS agencies—Catholic Charities, the Salvation Army, and numerous other not-for-profit agencies that offered Head Start classes to their clients—were welcoming us with open arms.

Most new therapies go through a period of trial and error, skepticism and eventual acceptance. Theraplay is no exception. Sadly, as it gained acceptance—even strong supporters, both in and outside the public schools—sources of funding were drying up. Chicago's Department of Human Services encouraged us to continue doing Theraplay for as long as they could in non-CPS sites, because it worked and was delivered on-site. It was also MUCH cheaper than traditional treatment modalities. However, Public Law 94-192 made it the responsibility of the public schools to diagnose and treat the special needs of all children, and in Chicago, the political reality was, we were not school employees and they were not going to invite outsiders in. I'm still doing a few parent meetings and staff development sessions in non-CPS programs (the Group

Theraplay training is greatly needed and generally well-received), but Theraplay for children is no longer a part of our Head Start involvement.

It has always been a shortcoming of our work in Head Start that too little documentation (research) has been done to prove our claims. Most of us wanted to **do** the work, not **study** it. It has also been a serious deterrent to Theraplay that educators—rather than clinicians—are in charge of determining the most appropriate treatment for children with special needs. The public schools have little to offer children whose behavior keeps them from benefiting from the educational experience. In Chicago—and I believe in many other school districts—credentialing guidelines are problematic, too. For example, most nurses and social workers employed fulltime in the public schools must also be licensed teachers. And there are far too few therapists of *any* sort to meet the needs of the growing number of children who would benefit.

It is heartening that so strong a movement has begun to collect and codify the data that will prove our work's value. Though my gut has always been a very accurate means of measuring the effectiveness of my work (and such a large measuring device I've developed!), it will hardly stand up in the court of professional review and validation. More than most who come our way now, I was blessed with ignorance. I did what I did because I believed Ann Jernberg when she told me how good I was. Now I can measure my work against more than 30 years of successful experience and the ever-vigilant eye of my favorite co-therapist throughout this career, Phyllis Booth. It's been a wonderful run, so far. I hope all of you will stick around for the ride to come!