

Outcomes from a Comprehensive Attachment-Related Treatment Services Program Using Theraplay as a Primary Intervention

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Editors note: An article with more information about this program appeared in our Summer 2006 newsletter.

In 2005, Life Management Associates in Lancaster, Pennsylvania, began a *Comprehensive Attachment-Related Treatment Services Program* for children and adolescents with attachment difficulties and their families. Funded by Medicaid via a regional managed health care network, the program provides outpatient Theraplay treatment utilizing the co-therapist model as a primary intervention to all families, the majority of whom are adoptive. Additional services are available to the families including a parent educational support group, bio/neurofeedback, medication management and additional therapy sessions.

In December of 2007, the first outcome study was completed. Two sets of outcome data were obtained. The first involved child/adolescent clients who had been in the program for a one year period of time. The second set of data involved child/adolescent clients who were in the program for at least one year and closure had occurred.

Baseline data for both sets of studies was similar. More specifically, baseline information was obtained either during a comprehensive psychological evaluation in which it was determined whether the clients and their families were appropriate for the program or the baseline information was obtained if a child/adolescent client was transferred into the program due to a change in funding sources. Two of the assessment instruments utilized to obtain the baseline were utilized for the outcome study – the (RADQ) and the (BASC), scored by the parental figures, as these instruments are normed and each utilize aggregate scores.

In terms of outcomes for the baseline to one year clients, there were 19 clients in the study. Regarding the baseline to one year RADQ scores, the results were statistically significant to the 0.003 level in terms of positive change. On the BASC, the Externalizing Problems Score, the Internalizing Problems Score, the Adaptive Skills Score, and the Behavioral Symptoms Index Score were utilized. Regarding the baseline to one year BASC scores, none were statistically significant; however, the Externalizing Problems Score (0.05) revealed a trend in the positive direction, as did the Behavioral Symptoms Index (0.12). As the therapeutic services were focusing on attachment symptoms and patterns first, to provide a strong foundation for additional therapeutic work, this focus indeed revealed significant change for these clients over a one year period of time.

For the clients who had been in the program for at least one year and had subsequently been discharged from the program, there were eight cases. One case had to be

disqualified due to the wrong forms being completed by the parental figure, and with a second family, the parents never returned the closure paperwork, as requested. As a result six sets of data were utilized to determine baseline to discharge outcomes. The same two instruments were utilized, scored by the parental figures. For the six cases from baseline to closure, the RADQ score was statistically significant at the 0.001 level, indicating the child/adolescent clients' attachment symptoms significantly decreased. On the Behavior Assessment System for Children, the Externalizing Problems Scores were statistically significant (0.01), as was the Adaptive Skills Scores (0.02), and the Behavioral Symptoms Index (0.03). The only index score which was not statistically significant, but revealed a positive trend, was in the Internalizing Problems Score (0.11).

It is our hypothesis that the Internalizing Problems Score did not reveal statistically significant change for two primary reasons. First, when parents initially completed the baseline data, many of them did not view their child/adolescents' symptoms as being related to anxiety or possible depression. Generally, the focus was on anger and negative acting out behaviors. The children/adolescents rarely verbalized feelings, particularly regarding fear or sadness. As a result, the baseline scores for internalizing problems were probably depressed. In the Internalizing Problems Scales, anxiety, depression, and somatization are being assessed. As a good deal of the therapeutic process involves assisting child/adolescent clients in being better able to appropriately and effectively verbalize scared and sad feelings, rather than having them be vented in either self-defeating or overt acting out behaviors, it actually reveals a level of progress for these clients to verbalize anxiety and depression, which would then be scored on this scale. Another goal of treatment is to be able to have the child/adolescent share their thoughts and feelings with parental figures in order for them to be able to work together as a relationship dyad to cope and problem-solve. Therefore, many of the parental figures are much more aware of their child/adolescents' anxiety and depression at the end of treatment as opposed to at the beginning of treatment. As attachment difficulties are based on early trauma, it makes some sense clinically that some symptoms of anxiety and depression may remain at the end of treatment; however, are within a range which is manageable, both for the child/adolescent client and for the parental figure. As a result, a trend toward statistically significant positive change is viewed as being significant in and of itself in this area.

We are pleased to be able to share this data with others. Theraplay is the primary therapeutic modality for this program and is viewed as an appropriate and effective treatment for these clients and their parental figures.