

**RESEARCH SUPPORTING THE EFFECTIVENESS OF THERAPLAY AND
MARSCHAK INTERACTION METHOD**

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Dodd, L. W., *The Effect of Domestic Violence on Mothers and Their Young Children and the Development and Evaluation of Group Work with these Families*, (2004). Thesis submitted to the University of Manchester for the Degree of Doctor in Educational Psychology. This research examined the effect of a group therapy intervention on two groups of mothers who had been victims of domestic violence and their children ages 0-5 years old. The group work included support group for mothers, children's groups, and group Theraplay for the mothers and children together, with 8 mothers and 10 children in each group. The goals of the Theraplay activities were: enhance positive relationships, encourage parental sensitivity and promoted secure attachments. Results from semi-structured interviews of the mothers post treatment and group leaders' observations revealed that the relationships between most of the women and their children appeared to improve over the 6 to 8 weeks of treatment. Most of the women appeared happy to join in with these activities, and both they and their children seemed to benefit greatly. However, there were a small number of the women who found it almost impossible to join in even the least demanding activities with their child and refused totally to do the Baby Massage in the second Group.

Dent, T., & Fouts, G. *Play Contexts and Assessing Senses of Self in Children with Down Syndrome*, *International Journal of Disability, Community and Rehabilitation*. Vol. 1(1) (2002). This study suggests that dyadic interventions, using sensory-motor play focused on expanding and consolidating intentional communicative abilities at the level of subjective self, may lay the groundwork for later, more normalized patterns of symbolic language ability in children with Down Syndrome. Theraplay therapy is specifically recommended as one of these therapies.

Franklin, J, Moore, E., Howard, A., Purvis, K., Cross, D. & Lindaman, S. *An Evaluation of Theraplay Using a Sample of Children Diagnosed with Pervasive Developmental Disorder (PDD) or Mild to Moderate Autism*, (2006). Texas Christian University, Ft. Worth TX. To be presented as a poster session at the American Psychological Association 2007 Conference. The goal of the current study was to evaluate Theraplay using a sample of autistic children. Eight children (2 female, 6 male) ranging in age from 3 to 9 diagnosed with Pervasive Developmental Disorder (PDD) or mild to moderate autism participated in a two-week intensive Theraplay intervention. The intervention consisted of each caregiver-child dyad having two 1-hour sessions each day over a two-week period of time with a trained Theraplay therapist. Two series of measures were completed: (1) those completed during the intervention and (2) those completed during pre-testing, post-testing two weeks following the intervention, and post-testing three months following the intervention. During the intervention, therapists completed a form following each session evaluating both the child's demeanor and ability to interact during the session and the parent's sensitive to the child's need during sessions. Measures completed pre- and post-intervention included assessments of autism (GARS-2), parental stress (PSI), and sensory abilities (Sensory Profile), neurochemical testing, and a caregiver-child interaction task (MIM) at pre-testing and two post-testing time points. In order to evaluate change across time for the interaction

task, a scoring system for the MIM interactions was developed. The coding scheme consists of six behavioral rating items for the parent, seven behavioral rating items for the child, and three behavioral rating items for the parent-child dyad. Videos were randomized and scored by two trained independent raters. Data for intervention measures revealed that both parents and children significantly improved across session according to the therapist evaluation. These findings suggest that as the intervention progressed both children and parents became better at interacting during the therapy sessions. Few significant pre-post-testing changes were found for questionnaires. Some significant neurochemical changes were found. Specifically, epinephrine significantly increased over time becoming closer to optimal range. Further, the norepinephrine to epinephrine ratio significantly decreased over time becoming closer to optimal range. Several significant changes were observed in the MIM interaction tasks. Overall, caregiver-child dyads scored significantly higher on the MIM interaction task from pre-testing to post-testing. The patterns of these findings lend great support to the validity and usefulness of Theraplay as an intervention for children with PDD or autism. Future studies should utilize larger and more diverse samples. Particular populations of interest might include children with traumatic brain injuries or special-needs adopted children.

Hong, Jung-Ae. The Effects of a Family Resilience Promotion Program Applying Family Theraplay. Sookmyung Women's University, Seoul, Korea.

Hong, Jung-Ae. Effects of Group Theraplay on Self-Esteem and Interpersonal Relation for the Abused Children. (2004). Sookmyung Women's University, Seoul, Korea. The subjects of this study were abused children in fourth, fifth and sixth grades of elementary school, who were separated from their abusive parents and live in a 'group home.' There were 6 children in an experimental group and 6 children in a control group. The group Theraplay program contained of total 12 sessions for 6 weeks, children would attend twice a week, and each session lasted for 40-45 minutes. The program was conducted by the main researcher(therapist) and 2 assistance therapists. A pre and post test was conducted using SEI(Self-Esteem Inventory). Results showed that the abused children who participated in the group Theraplay received higher self-esteem than the children in a control group. Second, the interpersonal inclinations which were competitive-aggressive, pretentious-narcissistic, and rebellious-distrusting decreased and the interpersonal inclinations which were dominant-supreme, independent-responsible, sympathetic-receptive, sociable-favorable increased. Therefore, the group Theraplay was effective to elevate the self-esteem of the abused children.

Kwon, Eun-Hee. The Effect of Group Theraplay on the Development of Preschoolers' Emotional Intelligence Quotient. (2004). Sookmyung Women's University, Seoul, Korea. Twelve 4-year-old preschoolers participated in this study, six of which received group Theraplay for 40-45 minutes twice per week for 6 weeks, while the control group received no group Theraplay. Results of pre and post testing with the Emotional Intelligence Checklist test showed that there were no statistically significant differences between testing and control group. However, after the group Theraplay, there were statistically significant differences in the capacity of self-awareness expressions, the capacity of self-control, the capacity of awareness of others, the capacity of control others and the overall emotional intelligence. In addition, the

researchers observed an increase in the frequency of cooperative behaviors in the experimental group.

Leblanc, M., & Martin R. A Meta-analysis of Play Therapy Outcomes. *Counseling Psychology Quarterly*, Vol. 14 (2) p. 149-163, (2001). A meta-analysis of play therapy outcomes with children was conducted to determine the overall effectiveness of play therapy and the variables related to effectiveness. Hierarchical linear modeling was used to analyze the data. The analysis showed an average treatment effect of 0.66 standard deviations. A strong relationship between treatment effectiveness and the inclusion of parents in the therapeutic process was reported. Theraplay is mentioned as such a model and is therefore implicated as more likely to be effective. The duration of therapy also appeared to be related to treatment outcomes, with maximum effect sizes occurring after approximately 30 treatment sessions. Play therapy appeared to be as effective as non-play therapies in treating children experiencing emotional difficulties. Recommendations for future researchers focus on explaining therapeutic or participant characteristics that are related to treatment effectiveness.

Kim, Yoon-Kyung, Ph.D, Development and Evaluation of a Group Theraplay Program to Enhance Attachment of Infants. Sookmyung Women's University, Seoul, Korea.

Lassenius-Panula, L., & Makela, J. (In progress). A Study of Theraplay's Effectiveness on Curing Behavioral/Emotional/Relationship Problems: Finnish University Hospitals. Two Child Psychiatrists and Theraplay trainers are carrying out an extensive research project in the three major University Hospital settings in Finland: Helsinki, Tampere and Turku. All children are normally referred to child-psychiatric assessment from the primary level and have been assessed by another team as suffering from emotional and/or behavior problems and have an element of relationship difficulties as a part of the clinical picture. All are from biological families and have no serious developmental difficulties. The study will cover 30 children and their parents. A control group of children with similar demographics and diagnoses receiving standard child-psychiatric care will be used. The therapy is manualized to cover 15 +/- 2 sessions. All treatments start with a Theraplay session for the parents given by both therapists and have a minimum of three other more traditional parent-sessions. They are followed up for a minimum of six months. All therapists and co-therapists are certified Theraplay therapists. All therapists receive group supervision monthly from one of the researchers. Thus far five therapy cases have been completed. The research protocol looks to analyze different elements of cure. The are 1) the internal working models of attachment relationships of the parents 2) the internal working models of the child in the parents' minds 3) parent-child interaction using a new coding system for MIM analyses 4) the therapeutic alliance between both therapists and the child and parents 4) the actual, observed interaction during sessions between child and therapist and between parent and therapist 5) behavioral and emotional problems of the child as seen by parents and teachers and 6) in a sub-group, stress hormone daily levels.

Lee, Hyang-Suk. The Effect of Group Theraplay Applied to Montessori Kindergarten on Children's Behavior Problems, Self-concept and Social Competence. Sookmyung Women's University, Seoul, Korea.

Lee, Ju-Yeon. The Effect of a Group Theraplay Program for Improving the Social Competence of Children in Group Homes. Sookmyung Women's University, Seoul, Korea.

Martin, E., Snow, M., & Sullivan, K.. Patterns of Relating between Mothers and Preschool-aged Children using the Marschak Interaction Method Rating System, *Early Child Development and Care.* November (2006). This study assesses the relationship of patterns of relating between mothers and their preschool-aged children. Thirty-one families were used, and the mother and child participated in the Marschak Interaction Method Rating System (MIM-RS). Mothers also completed the Demographic Data Questionnaire. Correlations based upon the MIM-RS for mothers and their preschool-aged children produced significant results. Mother's ability to structure, challenge, engage, nurture and facilitate their child's regulatory processes positively related/influenced their preschool-age child's ability to demonstrate exploratory behaviors, reciprocity with their parent and to demonstrate regulatory behaviors. A parent who was not able to structure, challenge, engage, nurture and facilitate their child's regulatory processes produced a child who was not capable of exploring their environment, regulating their own self-regulatory processes or staying within a comfortable and communicative stance with their parent.

Makela, J. and Vierikko, I. From Heart to Heart: Theraplay Research at SOS Children's Villages Finland. Espoo, Finland: SOS Children's Village Association. (2004). 20 foster children ages 4-13 living with long-term foster parents, participated in Theraplay therapy. A two therapist model was used and parents had individual sessions of their own to be taught how to do Theraplay. The Child Behavior Checklist (CBCL) was administered before the start of treatment, immediately after the end of treatment, and then three, six and twelve months after the end of therapy. Statistical analysis showed clear, significant positive change in both overall scores and in separate scores for externalizing and internalizing problems. One interesting finding was that symptoms continued to improve six months after the end of therapy. The parents and children were also asked to give extensive feedback on their experience of Theraplay therapy. Parents commented as a whole that they saw immediate improvement in their child's behavior and that they felt they had more tools to use to get closer and more connected with their child. The children were asked to answer on a scale of 1-10, how they liked the Theraplay treatment, and gave an average overall score of 9 (10 being the most positive).

McKay, J., Pickens, J. & Stewart, A. Inventoried and Observed Stress in Parent Child Interactions. *Current Psychology: Developmental, Learning, Personality, Social,* 15 (3), 223-234. (1996).

Morgan, C.E. Theraplay: An Evaluation of the Effect of Short-Term Structured Play on Self-Confidence, Self-Esteem, Trust, and Self-Control. Unpublished Research, The York Centre for Children, Youth and Families, Richmond Hill, Ontario, Canada, (1989).

Meyer, L. & Wardrop, J. Evaluation of 10 Children Receiving Theraplay Treatment from One Certified Theraplay Therapist. (2005). Unpublished research. Urbana, IL. Ten children (8 adopted, 2 biologic), were treated with a minimum of 14 and maximum of 33 sessions of Theraplay by one Certified Theraplay therapist. Statistical analysis showed statistically significant decrease in problematic behaviors in the children as rated

by their parents, using the Kinship Questionnaire. Despite small sample size, the statistical evidence for Theraplay's effectiveness is impressively strong.

Munns, E., Jenkins, D., & Berger, L. Theraplay and the Reduction of Child Problem Behavior. Unpublished research, Blue Hills Child and Family Services, Aurora, Ontario, Canada, (1994). The population in this pilot study was comprised of 17 children aged 3 to 13yrs (mostly boys), majority behavior disordered, all referred to a children's mental health clinic for a variety of reasons: acting out, impulsivity, defiance, uncooperativeness, lack of trust, poor self esteem, anxiety, withdrawal, conflicted parental relationships, many with poor attachment, sibling conflict and poor social skills. The researchers conducted an MIM and Child Behavior Checklist (CBCL) pre and post and found a significant drop in the aggressive factor on the after receiving Theraplay for an average of 8 sessions. A second pilot study (1996) using 25 children aged 3 to 13 years (mostly boys) with the same referral problems as above. In this study researchers used the MIM and CBCL as well as Parenting Stress Index (PSI) (short form) pre and post treatment. This time there were even more significant results: a significant drop in the aggressive factor, as well as the whole externalizing factor in the CBCL after receiving an average of 8 Theraplay treatments. There was also a significant improvement in the parent/child factor in the PSI. For both studies, Theraplay therapy was provided for one-half hour followed by parent counseling for about one-half hour.

Park, Rang-Gyu. A Study of the Development on Family Training Program to Promote Parent-Child Social Interaction for Children with Autistic Spectrum Disorders. (1999). Dissertation, Department of Psychology, Graduate School of Ewha Women's University, Seoul, Korea. The purpose of this study is to develop a family training program as early intervention to ameliorate autistic children's social deficits, and to evaluate the effects of the program, using a control group with pre and post test design. The study consisted of three treatment groups and two control groups-each group with one child and his parents. The children were between the ages of two and three and were diagnosed with autistic disorders. Treatment consisted of Theraplay sessions for child and parents, as well as Theraplay homework assignments and counseling parents on dealing with behavioral problems. Data for parent-child interaction were collected by using the Marschack Interaction Method. In the treatment group, scores for social interaction of mother and child, attachment behavior, exploration behavior, initiative behavior increased positively. The non-treatment group showed no increase. In addition, a collateral effect was apparent in both intervention and generalized conditions, i.e. in mother's free play with the child.

Shin, Hyun-Jung. A Qualitative study of Theraplay Interaction. Sookmyung Women's University, Seoul, Korea.

Siu, A. Theraplay for Elementary School Children with Internalizing Problems: the Hong Kong Experience. Poster presentation at 2007 International Theraplay Conference. This study asks: a) how effective is Theraplay in reducing symptoms relating to internalizing problems when compared to the control group?; b): how effective is Theraplay in helping children to enhance their self-esteem? The participants were 46 children (25 boys and 21 girls) between grades two to four who reached at least the cutoff point for internalizing problems as measured by Child Behavior Checklist (CBCL). Siu used a wait-list control group and pre and post-tests to measure results, using the CBCL as well as the Culture Free Self-Esteem Inventory. Results showed

statistically significant decrease in internalizing behaviors compared to control group and statistically significant increase in self-esteem compared to control group.

Takala, M. & Aunio, P. (2005). Exploring a New Inclusive Model in Finnish Early Childhood Special Education: a 3-year follow-up study. *International Journal of Inclusive Education*. Vol.9 (1). p. 39-54. From 1996 to 1999, an inclusive early special educational model was studied in 13 ordinary kindergartens in Finland. The kindergartens received an additional staff member (a special teacher) to handle special educational issues. The work of these special teachers and the views of the staff were studied. The special teachers' duties consisted of six main tasks, the most often mentioned being general and special educational work and consultation with adults. The staff was generally satisfied with the new system. They received assistance and learnt new ways of working. However, the special teacher did not have enough time to meet all the needs that existed in kindergartens. This experimental model is now a permanent system.

Wettig, H., Franke, U., Fjordback, B., Evaluating the Effectiveness of Theraplay. In C. Shaefer and H. Kaduson (Eds.), *Contemporary Play Therapy*, (pp.103-135). New York: Guilford Press. (2006). This is the pride and joy of Theraplay's research accomplishments. Two different studies were undertaken after conducting pilot studies in 1997. The first was a controlled longitudinal study (CLS) started in 1998 in Germany. A randomized sample of 60 clinically symptomatic toddler and preschool age children with dual diagnoses of speech/language disorder and severe behavior disorders was investigated and compared with a matched control of nonsymptomatic children of the same age and sex (CGN). The aim of the treatment with Theraplay was to increase the children's attention, cooperation and approachability. This study used a 16 week waiting period as the control group. Measures were taken before, during and after treatment, and after 2 years. Parent-child interactions were observed using the Heidelberg Marschak Interaction Method, all sessions were taped and analyzed by two trained clinicians, scaling independently to ensure inter-rater reliability. The Clinical Assessment Scale for Child and Adolescent Psychopathology (CASCAP-D), which rates symptoms as opposed to diagnoses, was also used. The CLS was completed in January 2005 and the results were clinically and statistically highly significant in reducing both symptoms of attention, activity (attention deficit/hyperactivity), and social behavior disorders (noncooperativeness, oppositional defiance, aggressiveness), as well as symptoms of affective and anxiety disorders. This study goes far in scientifically proving Theraplay's effectiveness because of the researcher's use of randomized clinical and control sample, as well as the groups having been prospectively followed over time. The main drawback in the methodology is that it has high internal validity but low external validity because of the homogeneity of the population and consistent therapy setting with the same therapist.

Therefore, a second, multi-center study (MCS) was undertaken in Germany and Austria in 2000. This study's goal was to replicate that of the CLS to evaluate the effectiveness of Theraplay on a wider scale of populations and patients. The patients were recruited from nine quite different settings. 14 Theraplay therapists completed treatment of N=291 children, ages 2 years 6 months to 6 years 11 months, with dual diagnoses of behavior disorders and speech-language deficits. The CASCAP-D, was again used. Certified Theraplay therapists implemented the treatment. Often a two-therapist model was used. The study measured symptom severity and the reduction of symptom severity of behavior disorders before after treatment (pre and post tests were administered). Once again results showed that Theraplay therapy produced high clinically and statistically significant positive change in children, including externalizing,

internalizing behavior disorders as well as neuropsychological conditioned behavior disorder symptoms. The more severe the relevant symptom originally identified, the more marked the change resulting from Theraplay treatment. Results further show that Theraplay treatment was effective independent of the diagnosis, the type of therapy facility, and the therapist.

The research also asked the question of how many treatment sessions were necessary to effect change. As for duration of therapy, the study confirmed Theraplay's claim to be a short-term treatment. Results showed that an average of 19-20 30 minute sessions were necessary to achieve the goal for externalizing behaviors, whereas children with internalizing symptoms such as shyness needed 18-21 30-minute sessions to achieve a therapeutic aim.

Weir, K. (In progress). A research project on adopted children will begin in August, 2007 at California State University at Fresno. Subjects will be drawn from 20-24 families. The total subjects are estimated at 80 children and 20-24 parents. Measures will include the Outcome Questionnaire (OQ) and Youth-Outcome Questionnaire (Y-OQ) developed by Lambert and Burlingame, the Achenbach Child Behavior Checklist and the Family Assessment Device (FAD). The therapy model will be that of "Whole Family Theraplay" in which all participating family members (parents and siblings) will be receiving Theraplay in group format. The parents will receive support from an interpreting therapist during the first half of the session, after which parents will join their children in the family group session lead by co-therapists.

Yoon, Jung-Hee. Effects of Family Group Theraplay to Enhance Interaction between Child and Mother in Low-income Families.