



STATEMENT ABOUT THE USE OF TOUCH IN THERAPLAY® TREATMENT

Theraplay® is a child and family treatment for enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of healthy interaction between parent and child, and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge. Theraplay sessions create an active and affective connection between the child and parents, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.

Touch is a normal, healthy part of all parent-child interaction. There is a growing body of literature demonstrating the positive impact of healthy physical contact on people of all ages. Physical touch can relieve stress, decrease anxiety and depression and increase comfort (Barnard & Brazelton, 1990, Field, 1993). "Loving touch [produces] oxytocin and releases endogenous opioids, which are known to solidify infant-mother bonds" (Panksepp, 2001, p.151).

Various kinds of touch are essential to Theraplay treatment. Theraplay touch is organizing and modulating in the structuring activities; it is playful and engaging as seen in many of the surprising and delightful activities; it is nurturing in the care giving activities; it is used to assist or guide the child in the challenging activities. At all times our goal is to maintain the safety and meet the developmental needs of the child.

The following is an explanation of how we use touch in Theraplay.

Structuring Touch

Theraplay sessions often begin with a playful, interactive entrance activity that incorporates touch, such as, wheelbarrow walking or holding hands and taking steps into the room together. The therapist helps the child or child and parent sit comfortably on cushions on the floor or on a couch in a relatively close and face to face position. Activities usually have components of coordinated movement, touch, and sensory experiences, such as popping bubbles or feeling a touch with a cotton ball. Active and quieter games are alternated; within activities there are opportunities for modulation of movement, sound and energy. Challenging activities usually are physically active and are carried out cooperatively rather than competitively; the therapist often gives physical assistance or guidance to help the activity turn out successfully.

Engaging Touch

The Theraplay therapist plans to touch the child because touch is an important modality for creating relationships and communicating safety, acceptance, playfulness and empathy. Activities that naturally require touch are used to make a connection with the child, such as hand clapping games or making a hand stack. The Theraplay therapist is attuned to the child's reaction and finds ways to make the touch acceptable to an anxious or touch aversive child. Withholding touch because of a fear of inappropriate touch can be as damaging to the growing child as inappropriate touch (See Harlow studies). It is important that children experience gentle, kind, loving, and safe touch.



Nurturing Touch

Feeding, bathing, taking care of hurts, cuddling, and rocking, are essential and natural parts of healthy parent-child interaction. They are important interactions that help the child develop the capacity eventually to soothe and calm himself. Nurturing touch in Theraplay includes noticing the child's scratches/bruises and taking care of them with lotion or bandaids, feeding and singing to the child,

and putting an arm around the child's shoulder or rocking and comforting a child who is anxious or needing to be reassured. Most children welcome these kinds of touch. If a child resists being touched, the Theraplay therapist will find another way of getting close and providing the nurturing, calming experience needed by the child. Nurturing touch is never coercive.

Calming/Containing Touch

While we focus our efforts on helping a child to interact in a calm and well regulated manner, it is not always possible to avoid having a child escalate to a point where it is necessary to contain her in order to protect her from harming herself or others. If a child is angry, dysregulated or out of control in a session and has not responded to other efforts to calm her, the Theraplay therapist and parents stay with and contain the child in some way; this may involve cradling the child on the lap of the adult, an arm around the child, or close, soothing physical contact. If the parents are able, they contain the child with support from the therapist. As soon as the child settles, the containment stops and the adult continues her interaction with the child. Containment in Theraplay is done in reaction to the child's dysregulated behaviors; the therapist never provokes the child in order to contain the child. The model for this type of containment is that of a parent who holds an over tired, over stimulated, or frightened toddler in order to calm him.

Note: Theraplay is not a **“holding therapy”**

- Containment is a response to a highly dysregulated child, not a planned event
- It only lasts until the child is calmer
- We do not deliberately provoke anger
- We do not share our feelings of frustration
- We do not use periods of containment to process earlier experiences

See more about calming touch and non-touch methods in the resistance handout.

Working With Children Who Have Experienced Trauma

If a child has been physically or sexually abused, we reduce our physical contact and proceed slowly. We continue to provide the Theraplay experience, but focus more on the safety provided by good Structure, or the confidence building provided by Challenge, while using less physical forms of Engagement and Nurture until a relationship is developed.

While the focus in most Theraplay sessions is on the here and now, a child who has experienced trauma may need us to identify not only the intense feelings he is experiencing at



the moment, but also the past source of the feelings. For example, “It’s hard for you to let your Mom cuddle you like this because it reminds you of all the times when you were left alone in your crib when you were a baby. But we will make sure that you are safe right now. We can hold you and help you handle these feelings that come up. We can help you get used to your Mom taking good care of you.”

We concur with the statement about touch made by The Association for Play Therapy (2001): “The use of touch is not automatically excluded because a child has experienced trauma regarding bad touch but the therapist needs to be even more vigilant in monitoring and managing the child’s perception and experience of being touched. The symptoms and maladaptive coping strategies the child develops may be appropriately treated with touch. A conscientious play therapist is ever vigilant not to re-traumatize a child and understands that the child, in order to heal, may need to experience safe, good touch. As always, the use of touch is integrated into the treatment plan.”

In Theraplay, the goal is to touch carefully and respectfully, to touch only to meet the needs of the child, and with a full recognition of the effect that touch has on the child. We at The Theraplay Institute are not aware of any child ever being harmed by the physical contact of Theraplay sessions.

Touch and Working with Parents

Parents always are active participants in Theraplay treatment. Our goal is that parents be able to provide the touch, nurture and regulation that their child needs. However, at the beginning of treatment, the Theraplay therapist will be the more active member of the team and initiate these interactions, for the following reasons:

- To provide a model for a new way of interacting for this particular parent and child
- To get past the child’s initial resistance so that the parent’s first experience with the new kind of interaction is positive
- To help parents who are unsure of themselves or uncomfortable with touch to gain confidence.

We want parents, as soon as possible, to carry on the attuned, playful interaction at home. We therefore carefully assess the parent’s capacity to do this safely, particularly all aspects of appropriate touch. We do not embark on Theraplay treatment with parents who are abusing substances or who intentionally hurt their children.

If parents question the reason for physical contact or have difficulty touching or appropriately containing the child, we, again, move very slowly until we develop a relationship with them and better understand their interaction with the child.

References:

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Harlow, H.F. The nature of love. *American Psychologist*, 1958, *13*, 673-685.

Panksepp, J. The long-term consequences of infant emotions: prescriptions for the twenty-first century. *Infant Mental Health Journal*. Vol. 22(1-2) Jan-Apr, 2001.

