

ATTACHMENT THEORY

and Theraplay®

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Theraplay® is an evidence-based, relationship-focused play therapy that integrates current theories of attachment, physiological state, affect regulation, and interpersonal neurobiology. It offers an understanding of the power of face-to-face synchronized, reciprocal play.

Basic Tenets

Theraplay is modeled on the responsive, attuned, co-regulating, and playful patterns of interaction between caregivers and their babies that lead to secure attachment and life-long social-emotional health. We incorporate Bowlby's (1988) suggestion: "The pattern of interaction adopted by the mother of a secure infant provides an excellent model for the pattern of therapeutic interaction" (p. 126). Theraplay assessment and treatment looks at strengths and challenges in four dimensions of caregiver-child interaction: structure, engagement, nurture, and challenge (Booth & Jernberg, 2010). The focus of treatment is the relationship itself; caregivers are an essential part of the process so that they can carry on the newly developed patterns of interaction at home. In sessions, the therapist initially guides the interaction. Progressively, caregivers take the leadership role. Regularly scheduled caregiver-only sessions allow for additional reflection and problem solving. Theraplay may be combined or sequenced with other modalities for complex problems.

Theraplay stimulates the healthy development of the emotional brain from the bottom up, working within subcortical systems of safety and defense (Porges, 2011), affect regulation (Schore & Schore, 2008), and play, care, and joy (Panksepp & Biven, 2012). Three key elements are social engagement offered by the therapist; face to face, synchronous, rhythmic, and reciprocal play; and the provision of direct nurturing via positively attending to the body, soothing, and feeding (Lindaman & Mäkelä, 2018). Theraplay sessions are designed to contain alternating sequences of up-regulating play and down-regulating care within the

child's window of tolerance and optimal arousal (Siegel, 1999). These processes also apply to group Theraplay, where the focus is on leader-child and child-child relationships (Siu, 2009, 2014; Tucker et. al., 2017).

Psychopathology and Client Dysfunction

Theraplay is helpful for children, from infancy (Salo, Lampi, & Lindaman, 2010) through adolescence (Robison, Lindaman, Clemmons, Doyle-Buckwalter, & Ryan, 2009), who have difficulty with social interactions with caregivers, other children, and other adults. Their caregivers often express dissatisfaction with the caregiver-child relationship. This relationship dysfunction arises out of inadequate or negative experiences that disrupt/interfere with the sense of safety and connection that is essential for healthy family development. The source of the disruption may stem from the child, the caregivers, or from stressors in the family environment. For example:

- A child may be born with difficulties in responsiveness, regulation, and/or sensory sensitivities that make it difficult for the caregiver to attune to the child (Hiles Howard, Lindaman, Copeland, & Cross, 2018).
- Children placed in foster or adoptive families have sustained loss and very probably neglect and abuse that interfere with trusting new caregivers and forming new attachments (Weir et. al., 2013).
- Caregivers may have their own childhood trauma and attachment insecurity, mental health issues, substance abuse, and/or marital problems that make it difficult to be emotionally available, responsive, and sensitive to the child (Norris & Rodwell, 2017).
- Life stressors ranging from typical family issues of divorce, sibling birth(s), and moving homes to overwhelming experiences of medical trauma, domestic or community violence, displacement from one's country of origin, and natural catastrophes disrupt family life and the security that caregivers desire for their families (Bennett, Shiner, & Ryan, 2006; Cort & Rowley, 2015).

Treatment Description

The Theraplay treatment process begins with an assessment, including a detailed intake interview with caregivers, observation of caregiver-child interactions via the Marschak Interaction Method (MIM), and a collaborative discussion of the MIM experience with caregivers (Booth, Christensen, & Lindaman, 2011). Next, the therapist plans treatment, employing the dimensions, and has a reflective and practice session with the caregiver.



The goals of Theraplay treatment are to create a responsive, attuned, regulated, and supportive relationship between the child and caregivers that provides the sense of safety, connection, and empathic understanding essential to healthy development and to reduce difficult behaviors associated with presenting problems.



Treatment includes caregiver-child-therapist weekly sessions and regular caregiver-therapist reflective and practice sessions. Theraplay therapists plan each session to provide a sequence of positive and co-regulated experiences. Weekly sessions are 40-50 minutes long. A typical session sequence follows:

- The therapist, caregiver, and child enter the treatment space in a pleasant, connected way (e.g., holding hands and taking big steps to pillows on the floor).
- The therapist sits across from child and caregiver, notices their special personal features, and, with the caregiver's help, attends to any "hurts" the child may have.
- Up regulating activity (e.g., popping bubbles with fingers, knees, elbows)
- Down regulating, caring activity (e.g., making powder handprints)
- Upregulating activity (e.g., jumping off a stack of pillows into caregiver's arms)
- Additional sequences of up- and down-regulating activities based on the child's window of affect tolerance
- Down-regulating soothing activity (e.g., sharing a food treat, drink, song)
- Exit with caregiver and child connected (e.g., piggy-back ride to the door)

This sequence creates opportunities for many joyful and quiet moments of physical and affective synchrony, as well as interactive repair if the therapist or caregiver mis-attunes to the child. Over time, the therapist creates experiences at the edges of the child's window of tolerance to expand emotional regulation and resilience.

Therapy Goals and Progress Assessment

The goals of Theraplay treatment are to create a responsive, attuned, regulated, and supportive relationship between the child and caregivers that provides the sense of safety, connection, and empathic understanding essential to healthy development and to reduce difficult behaviors associated with presenting problems.

Progress is measured by observing the following changes in interactions during sessions: The child is better regulated with fewer instances of defensive arousal or withdrawal, seeks playful interaction with and comfort from the caregiver, and is able to explore and reach out to the world. Caregivers recognize signs of child distress and respond in calming/regulating ways and are able to reflect on their experience. The interaction between child and caregivers is characterized by attunement, synchrony, moments of meeting, relational repair, and shared joy. Formal assessment is made via pre- and post-MIMs and using standardized checklists of child behavior and caregiver stress.

Therapeutic Powers of Play

Theraplay's accepting, responsive, co-regulating *therapeutic relationship* with both caregiver and child provides a reparative experience leading to a more positive view of self, others, and the world that addresses many of Schaefer and Drewes's (2014) therapeutic powers of play. We create a safe and supportive relationship between child and caregivers, which leads to secure *attachment* and puts *psychological development* back on track. Our empathic interactive repair of mis-attunements and reflection on the meaning of the child's behaviors, supports the development of the child's *empathy*. Our focus on co-regulation and on strengthening social engagement helps the child to become more *self-regulated* and *resilient*. Our provision of soothing care and shared joyful play leads to shared *positive emotions* and builds the child's sense of worthiness, *social competence*, and *self-esteem*. We create *stress inoculation* by helping children and their caregivers to enter and stay within a window of safety, social engagement, and optimal arousal. Caregivers learn how to provide *stress management* for themselves and their child. Additionally, Theraplay facilitates *self-expression* by responding to non-verbal and verbal emotional signals that are the foundation for more complex forms of communication.

Summary

Theraplay provides the face-to-face, reciprocal, joyful, and caring co-regulating interactions characteristic of secure attachment. The focus on the caregiver-child relationship gives the caregiver new tools and a deeper understanding of the child, creating a new meaning of togetherness and supporting the child's healthy development.

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