EARLY INTERVENTION FOUNDATION

GUIDEBOOK

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Downloaded from https://guidebook.eif.org.uk/programme/theraplay

Theraplay

Review:

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Theraplay is a parenting programme for parents with children aged 0 to 18 years. It can be delivered in the home, school or a community setting and aims to address behavioural, emotional, and developmental issues.

Theraplay aims to support the development of healthy attachments between the caregiver and child through practitioner-led activities. These activities guide parents and children to create playful and caring child-adult interactions. Through supporting the development of healthy attachments, Theraplay aims to improve children's mental health and well-being, including improving internalising behaviours. Theraplay can be delivered to all children, particularly including children with additional developmental needs or those that have experienced separations and loss e.g. neurodiverse children, adopted and fostered children, refugee children and those who have experienced bereavement or divorce in the family. Evidence rating: **3**

Cost rating: **NA**

EIF Programme Assessment

Theraplay has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

The evidenced outcome comes from a targeted selective, group-based Theraplay, with primary school children.

Cost rating

NA indicates that the information required to generate a cost rating is not available at this time.

Cost rating: **NA**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Decreased internalising behaviours

Based on study 1

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Evidence rating: **3**

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

Primary school

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting
- Primary school

The programme may also be delivered in these settings:

How is it targeted?

The best available evidence for this programme relates to its implementation as:

Targeted selective

Theraplay has been implemented in over 30 countries across North America, Europe and Asia.

Where has it been implemented?

United Kingdom, United States, Hong Kong, Ireland

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

 Theraplay is delivered as weekly sessions of one hour or less duration by a Theraplay practitioner, to either individual families, or groups of children & families. The programme typically lasts from 3 to 6 months.

What happens during the intervention?

• Child and parent or children and group leader engage in fun, physical and play activities chosen and led by the therapist to provide the level of structure, engagement, nurture and challenge needed by the children to feel safe and secure to explore the world. These are supported by reflective feedback sessions for caregivers to make sense of their child's needs.

What are the implementation requirements?

Who can deliver it?

• The practitioner who delivers this programme is a certified Theraplay practitioner with QCF-4/5 level qualifications.

What are the training requirements?

Practitioners are required to have received Theraplay Level 1 training (4 days) or Group training (2 days), and to have delivered 40 sessions, of which at least 8 must have been supervised, to become a certified practitioner. Booster training of practitioners is recommended.

How are the practitioners supervised?

 It is recommended that practitioners are supervised by one Theraplay supervisor (qualified to QCF- 4/5 level), who is a certified Theraplay practitioner who has practiced for 2 years and undertaken the Supervisors' practicum.

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- Face-to-face training
- Fidelity monitoring

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Theraplay aims to support healthy child-caregiver attachment. Strong attachments between the child and the important adults in their life are believed to positively influence the child mental health and promote resilience.
- In treatment, the Theraplay Practitioner guides the parent and child through playful, fun games, developmentally challenging activities, and tender, nurturing activities. The act of engaging each other in this way helps the parent regulate the child's behaviour and communicate love, joy, and safety to the child. It helps the child feel cared for and more self-confident.
- When participating with a parent in Theraplay, the child increases their self-esteem, and sees the parent as trustworthy. This shift results in positive behaviour change in the short term which generalises to other relationships and situations.
- In the longer term, Theraplay allows children to enjoy higher quality caregiver-child interaction which decreases children's internalising and externalising symptoms of distress, reducing the risk of longer- term poor mental health.

Intended outcomes

Supporting children's mental health and wellbeing

Contact details

Theraplay

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www.theraplay.org.uk

About the evidence

The most rigorous evidence for Group Theraplay comes from an RCT which was conducted in Hong Kong. This study identified a statistically significant positive impact on child outcomes. This programme is underpinned by one study with a Level 3 rating, hence the programme receives a Level 3 rating overall.

Study 1		
Citation:	Sui (2009)	
Design:	RCT	
Country:	Hong Kong	
Sample:	46 children from an elementary school in an urbanised area in Hong Kong	
Timing:	Post-test	

Child outcomes:

Decreased internalising behaviours

Other outcomes:

None measured

Study rating:

Siu, Å. F. (2009). Theraplay in the Chinese world: An intervention program for Hong Kong children with internalizing problems. International Journal of Play Therapy, 18(1), 1. **Available at** https://psycnet.apa.org/buy/2009-00564-001

Study design and sample

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The first study is an RCT which assessed Group Theraplay.

This study involved random assignment of families to a Theraplay treatment group and a care as usual group.

This study was conducted in Hong Kong, with a sample of 46 children from one school who were experiencing internalising behavioural problems. The average age of the children in the Theraplay treatment group was 7.84 years, and 7.89 years in the control group. No ethnicity data was reported.

Measures

Internalising behaviour was measured using the Child Behaviour Checklist (CBCL) (parent report)

Findings

This study identified a statistically significant positive impact on one child outcome. This includes improvements in internalising behaviour on the Child Behaviour Checklist (CBCL)

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Wettig, H. H., Coleman, A., & Geider, F. J. (2011). Evaluating the effectiveness of Theraplay in treating shy, socially withdrawn children. International Journal of Play Therapy, 20(1), 26. This reference refers to a **pre-post study conducted in Germany, which does not have an appropriate comparison group.** Siu, A. F. (2014). Effectiveness of Group Theraplay® on enhancing social skills among children with developmental disabilities. International Journal of Play Therapy, 23(4), 187. This reference refers to an **RCT in Hong Kong, with a comparison group with less than 20 participants.**

Weir, K. N., Pereyra, S., Crane, J., Greaves, M., Childs, T. S., & Weir, A. B. (2021). The Effectiveness of Theraplay® as a Counselling Practice With Mothers and Their Children in a Substance Abuse Rehabilitation Residential Facility. The Family Journal, 29 (1), 115-123. This reference refers to a pre-post study conducted in the USA.

Chang, Y., Kim, B., & Youn, M. (2021). Changes in children with autism spectrum disorder after Theraplay application. Journal of the Korean Academy of Child and Adolescent Psychiatry, 32(3), 112. This reference refers to a pre-post study conducted in South Korea.

Tucker, C., Schieffer, K., Wills, T. J., Hull, C., & Murphy, Q. (2017). Enhancing social-emotional skills in at-risk preschool students through Theraplay based groups: The Sunshine Circle Model. International Journal of Play Therapy, 26(4), 185. **This reference refers to a pre-post study conducted in the USA.** Sundberg, B., Ollersjö, H., & Nilsson, K. (2020). Child Psychiatric Symptoms and Parental Stress Before and After Theraplay Treatment. **This reference refers to a pre-post study conducted in Sweden**.

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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