CHILDREN WITH AUTISM &

THERAPlay Inc.

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James Madison University
Theory & Practice of Play Therapy
A Closer Look At

Theraplay
Creators of Theraplay

- **Ann Jernberg**
  - Director of Theraplay Institute from 1969 - 1993

- **Phyllis Booth**
  - Assisted in establishing Theraplay
What is Theraplay?

“Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun.”

http://theraplay.org/index.php/theraplay/what-is-theraplay
Theory Behind Theraplay

“With its roots in interactional theories of development, attachment theory, developmental psychology, and good preschool practice, the Theraplay approach is not so much a break with tradition as a fruitful extension of work from a number of fields.”

The Theraplay Circle: Core Concepts, Dimensions, & Goals

The Inner Ring of the Circle: 7 Core Concepts of Theraplay

- Interactive & Relationship Based
- Direct Here & Now Experience
- Guided by the Adult
- Responsive, Attuned & Empathic
- Preverbal/Social/Right Brain Level
- Multi-Sensory including Touch
- Playful

The Middle Ring of the Circle: The Dimensions of Theraplay

- Structure
- Engagement
- Nurture
- Challenge

Outer Ring of the Circle: Goals of Theraplay

- Positive Internal Working Models for Child & Parent
- Self-Regulation
- Positive Social Skills
- Able to Learn
- Good Mental Health
- Secure Attachment

Directly from:
Application of Theraplay

- Theraplay for Children:
  - who have problems in regulation
  - who have physical disabilities
  - who have been abused or traumatized
  - who are adopted or in foster care
  - who have Autism and other pervasive developmental disorders
- Theraplay for Adolescents
- Group Theraplay

Jernberg, (1999)
Theraplay & Children with Autism
Diagnostic Criteria for Autism Disorder

A. Six or more items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

1. Qualitative impairment in social interaction, as manifested by at least two of the following:
   - marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
   - failure to develop peer relationships appropriate to developmental level
   - a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   - lack of social or emotional reciprocity
Diagnostic Criteria for Autism Disorder

A. Six or more items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

2. Qualitative impairments in communication as manifested by at least one of the following:
   - delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
   - in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
   - stereotyped and repetitive use of language or idiosyncratic language
   - lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
Diagnostic Criteria for Autism Disorder

“A. Six or more items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

3. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- apparently inflexible adherence to specific, nonfunctional routines or rituals
- stereotyped and repetitive motor manners (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- persistent preoccupation with parts of objects
Diagnostic Criteria for Autism Disorder

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett’s Disorder or Childhood Disintegrative Disorder.”

Quoted from: http://www.cdc.gov/ncbddd/autism/hcp-dsm.html
Typical Goals of Theraplay

- Increasing eye contact
- Increasing attending and turn-taking
- Adjusting to transitions
- Discover ways to soothe child
- Find ways to comfort the child
- Determine the optimal level of arousal to promote engagement
- Stimulating communication

Bundy-Myrow & Lindaman
Research Shows...

- Improved social skills
- Initiate contact with peers and adults
- Increased interaction with others
- Increased awareness of peers
- Increased comfort with close physical proximity

- “Group Theraplay has been found to be very effective in developing engagement, interaction, communication, language, and social skills in children with ASD.”

Simeone-Russell, 2011, p. 227
Research on Autism & Floor Play

- http://www.youtube.com/watch?v=D2MZw7Ugccw &feature=youtu.be  
  Start at 7 min. 30 seconds

- Although this video clip is focused on Floor Time Therapy there are several similarities to Theraplay.
  - Parental Involvement
  - Increased Parental Awareness of Child’s Needs/Cues
  - Focus on Engagement (One of Theraplay’s Dimensions)
Techniques in working with Children with Autism

- Engagement Dimension:
  - “Most important dimension” (Jernberg, 1999, p. 205)
  - Important when working with a child with Autism since many tend to avoid social interactions (Simeone-Russell, 2011, p. 233)
  - “This dimension is frequently used with very withdrawn, rigid, or avoidant children who have high protective barriers, such as autistic children.” (Munns, 2000, p. 16)
Engagement: Key Techniques

- Making Eye Contact
  - Pop the Bubble

- Using Regressive Activities
  - Peek-A-Boo
  - Sticky Nose
  - “This Little Pig”

Jernberg, 1999, p. 208-211
Engagement: Key Techniques

- Following the Three Times Rule
  - 1st time may = resistance
  - 2nd time may = cautious
  - 3rd time may = delighted and want to repeat

- Mirroring the Child
  - Mirror emotions or noises
  - Mirror movements

- Music
  - Familiar nursery rhymes or finger plays
  - Predictability

Jernberg, 1999, p. 208-211
References


