

Last reviewed: July 2024

Intervention website: www.theraplay.org.uk

GUIDEBOOK INTERVENTION INFORMATION SHEET

Theraplay

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Theraplay is a parenting intervention for families with a child between 7 to 9 years identified as being at risk of having emotional problems. It is delivered by a certified Theraplay practitioner to groups of children and their parents for eight weekly sessions, lasting about 40 minutes each.
Evidence rating	3
Cost rating	2
Child outcomes	<ul style="list-style-type: none"> Supporting children’s mental health and wellbeing - Improved emotional wellbeing.
Child age (population characteristic)	7 to 9 years
Level of need (population characteristic)	Targeted Indicated
Race and ethnicities (population characteristic)	No information reported

Foundations Guidebook – Intervention information sheet

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Intervention summary	
Type (model characteristic)	Group
Setting (model characteristic)	School
Workforce (model characteristic)	Theraplay practitioner
UK available?	Yes
UK tested?	No

Model description

Theraplay is a therapeutic intervention for families with a primary school-aged child identified as having clinically significant emotional difficulties. Parents and their children attend eight sessions delivered by a Theraplay certified practitioner.

Each session lasts an hour or less and can be delivered over a period of three to six months. The session can be conducted with individual families or in group settings involving multiple children and families. During these sessions, the practitioner introduces play-based activities aimed at helping parents and children develop and maintain a positive parent–child relationship. Specifically, parents learn: 1) strategies that help them structure their child’s environment that increases physical safety and emotional security; 2) challenging strategies aimed at increasing child competence and self-confidence; 3) encouraging strategies aimed at increasing the child’s experience of themselves as an individual; and 4) nurturing behaviours, such as rocking, holding, and cuddling which help soothe and reassure the child.

Theraplay was developed specifically for children with additional emotional needs, including neurodiverse children and children who have experienced separations or loss – includes those who have been adopted, fostered, refugee children, and children affected by bereavement or divorce.

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Target population

Age of child	Primary school-aged children aged 7 to 9 years.
Target population	Children identified as being at risk of emotional difficulties.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Emotional security in early childhood helps children develop positive expectations about themselves and others as they mature.	Positive and fun parent–child interactions foster emotional security in children.	Children at risk of emotional difficulties at home and at school are particularly likely to benefit from activities aimed at supporting their emotional security.	Parents learn strategies for improving the parent–child relationship and increasing children’s emotional security.	<ul style="list-style-type: none"> • Improved parent nurturing behaviours • Increases in the child’s experiences of safety and trust within the parent–child relationship. 	<ul style="list-style-type: none"> • Improved self-efficacy in managing emotions • Reduction in anxiety, aggression, and other symptoms of emotional distress. 	<ul style="list-style-type: none"> • Development of secure, healthy attachments that persist over time • Improvements in emotional and social development • Reduced risk of mental health disorders such as anxiety, depression, and conduct disorders.



Implementation requirements

Who is eligible?	Targeted Indicated.
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 and families. The intervention typically lasts from three to six 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.
Who can deliver it?	A practitioner with experience in a helping profession, qualified as a Theraplay practitioner.
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 practitioners supervised?	It is recommended that practitioners are supervised by one Theraplay supervisor (certified in the model) who has practised Theraplay for 2 years and undertaken the Supervisors practicum.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • Training manual • Other printed material • Other online material • Video or DVD training • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	No
Contact details	Email address: admin@theraplay.org.uk Website: www.theraplay.org.uk



Evidence summary

Theraplay's most rigorous evidence comes from a single RCT conducted in Hong Kong consistent with Foundation's Level 3 criteria.

This study identified statistically significant reductions in children's internalising behaviours, including symptoms of anxiety, depression, and withdrawal.

Theraplay 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.

Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced internalising behaviour	Not reported	Not reported	1

Search and review

	Number of studies
Identified in search	28
Studies reviewed	1
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	27



Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Hong Kong
Sample characteristics	46 children within a single primary school identified as having clinically significant levels of internalising problems. The average age of the children in the Theraplay treatment group was 7.84 years, and 7.89 years in the control group.
Race, ethnicities, and nationalities	No ethnicity data was reported, but the study was conducted with pupils in a Hong Kong school.
Population risk factors	All children had clinically significant internalising behaviour problems, as identified by the Child Behaviour checklist (CBCL).
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention
Child outcomes	Reduced internalising behaviours (Parent report)
Other outcomes	None
Study Rating	3
Citation	Siu, A. F. (2009) Theraplay in the Chinese world: An intervention program for Hong Kong children with internalizing problems. <i>International Journal of Play Therapy</i> . 18 (1), 1.

Brief summary

Population characteristics

This study involved 46 children aged between 7 and 9 years attending a single primary school in Hong Kong. Children were eligible to take part in the study if they met the cutoff point for



internalising behaviour problems on the Child Behaviour Checklist (CBCL). In the intervention group 56% of the children were female and 44% were male, and in the control group 54% were female and 46% were male. No further details about the population characteristics were provided.

Study design

22 children were randomly assigned to the Theraplay intervention and 24 to the wait-list control.

Measurement

Assessments were conducted at baseline (pre-intervention) and immediately after intervention completion.

- **Parent report** measures include the internalising scale of the Child Behaviour Checklist (CBCL).

Study retention

96% (44) of the mothers completed the CBCL after completing the intervention. The post-intervention sample size for each group was not reported, therefore the differential attrition rate cannot be calculated.

Results

Data-analytic plan

Univariate analyses of covariance was used to analyse the findings, using pre-intervention scores on the CBCL as covariates.

Findings

The study found a positive impact of Theraplay on children. There was a statistically significant difference in internalising behaviours between the two groups, with the intervention group showing a reduction in internalising behaviour problems, as measured by the Child Behaviour Checklist (CBCL).

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Internalising behaviour	Child Behaviour Checklist (CBCL) (Parent report)	$\eta^2 = 0.26$	Yes	44	Post-intervention



Other studies

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

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.

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.

Sundberg, B., Ollersjö, H. & Nilsson, K. (2020) *Child psychiatric symptoms and parental stress before and after Theraplay treatment*. Department of Clinical Sciences Child and Adolescent Psychiatry, Umeå University, Sweden.

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.

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.

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.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.