

## Treatment Intervention Advisory Committee Review and Determination

**Date:** October 28, 2016

**To:** DHS/DLTC

**From:** Wisconsin Department of Health Services, Treatment Intervention Advisory Committee: Lana Collet-Klingenberg, Ph.D. (chairperson)

**RE:** Determination of Theraplay as a proven and effective treatment for individuals with autism spectrum disorder and/or other developmental disabilities

This is an initial review

This is a re-review. The initial review was July 31, 2015

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### Section One: Overview and Determination

Please find below a statement of our determination as to whether or not the committee views Theraplay as a proven and effective treatment for children with autism spectrum disorder and/or other developmental disabilities. In subsequent sections you will find documentation of our review process including a description of the proposed treatment, a synopsis of review findings, the treatment review evidence checklist, and a listing of the literature considered. In reviewing treatments presented to us by DHS/DLTC, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a practice is in regard to quality research. We do not make funding decisions.

#### Description of proposed treatment

Theraplay, developed in 1967 at The Theraplay Institute in Chicago, IL, is described as a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It focuses on creating an active emotional connection or attachment between the child and the parent or caregiver. In the treatment process, the therapist guides the parent and child through developmental games focusing on communicating love, joy, and safety for the child.

#### Synopsis of review

In the case of Theraplay, please refer to the attached reference listing details the reviewed research. The committee's conclusions regarding Theraplay include that although Theraplay has been evaluated in the context of other populations (e.g., socially withdrawn children, adopted and foster children) the committee has been unable to identify peer-reviewed research demonstrating the effectiveness of the Theraplay program with individuals with autism. One paper reviews evidence for the use of Theraplay in ASD cases, however, this is not itself a study, and reviews projects published in non-peer reviewed sources (e.g., the Theraplay Institute Newsletter). Another paper reviews a study of children with intellectual disabilities in China (Siu, 2014); however, the statistics used to support effectiveness of the program were weak, and the control condition was not adequately described. It is also worth noting that both a review (by Simeone-Russell, 2011) and the Theraplay institute webpage reference a case study by Fuller (1995) published in *Continuum*, the Journal of the American Association for Partial

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Hospitalization, however searches of Psychinfo, GoogleScholar, and Google have failed to identify this paper or others who have cited this paper.

This review found one additional, peer-reviewed paper published since the last review (Mohamed & Mkabile, 2015). However, this case study, which focused on a girl with intellectual disability, only included qualitative data from the girl's mother's reports. Thus, this study did not meet criteria to be included as evidence for this review of Theraplay. In sum, it is the decision of the committee that Theraplay continues to not have at least one high quality study that demonstrates experimental control and favorable outcomes of the treatment package with participants clearly identified as individuals with autism spectrum disorders and/or other developmental disabilities. Therefore, Theraplay is assigned a Level 4 rating due to insufficient evidence.

## **Section Two: Rationale for Focus on Research Specific to Comprehensive Treatment Packages (CTP) or Models**

In the professional literature, there are two classifications of interventions for individuals with Autism Spectrum Disorder (National Research Council, 2001; Odom et al., 2003; Rogers & Vismara, 2008):

- (a) **Focused intervention techniques** are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome, and
- (b) **Comprehensive treatment models** are “packages” or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

To determine whether a treatment package is proven and effective, the Treatment Intervention Advisory Committee (TIAC) will adopt the following perspective as recommended by Odom et al. (2010):

The individual, focused intervention techniques that make up a comprehensive treatment model may be evidence-based. The research supporting the effectiveness of separate, individual components, however, does *not* constitute an evaluation of the comprehensive treatment model or “package.” The TIAC will consider and review only research that has evaluated the efficacy of implementing the comprehensive treatment *as a package*. Such packages are most often identifiable in the literature by a consistently used name or label.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Odom, S. L., Brown, W. H., Frey, T., Karusu, N., Smith-Carter, L., & Strain, P. (2003) Evidence-based practices for young children with autism: Evidence from single-subject research design. *Focus on Autism and Other Developmental Disabilities, 18*, 176-181.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 40*, 425-436.

Rogers, S., & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-38.

### Section Three: DLTC-TIAC Treatment Review Evidence Checklist

Name of Treatment: Theraplay

#### Level 1- Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, National Professional Development Center) have approved of or rated the treatment package as having a strong evidence base; authorities are in agreement about the level of evidence.
- There exist ample high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
  - Minimum of two group studies or five single subject studies or a combination of the two.
  - Studies were conducted across at least two independent research groups.
  - Studies were published in peer reviewed journals.
- There is a published procedures manual for the treatment, or treatment implementation is clearly defined (i.e., replicable) within the studies.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

*Notes:* At this level, include ages of participants and disabilities identified in body of research

#### Level 2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having at least a minimal evidence base; authorities may not be in agreement about the level of evidence.
- There exist at least two high quality studies that demonstrate experimental control and favorable outcomes of treatment package.
  - Minimum of one group study or two single subject studies or a combination of the two.
  - Studies were conducted by someone other than the creator/provider of the treatment.
  - Studies were published in peer reviewed journals.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

*Notes:* At this level, include ages of participants and disabilities identified in body of research

Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have recognized the treatment package as having an emerging evidence base; authorities may not be in agreement about the level of evidence.
- There exists at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
  - May be one group study or single subject study.
  - Study was conducted by someone other than the creator/provider of the treatment.
  - Study was published in peer reviewed journal.
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities.

*Notes:* At this level, include ages of participants and disabilities identified in body of research

Level 4 – Insufficient Evidence (Experimental Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.) (Se note)
- There is not at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package.
  - Study was conducted by the creator/provider of the treatment.
  - Study was not published in a peer reviewed journal.
- Participants (i.e., N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities.

*Notes:*

Level 5 – Untested (Experimental Treatment) &/or Potentially Harmful

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- There are no published studies supporting the proposed treatment package.
- There exists evidence that the treatment package is potentially harmful.**
  - Authoritative bodies have expressed concern regarding safety/outcomes.
  - Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes.

*Notes:* At this level, please specify if the treatment is reported to be potentially harmful, providing documentation

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Date: October 28, 2016

Committee Members Completing Initial Review of Research Base: Amy Van Hecke,

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective:

Level 4 – Insufficient Evidence (Experimental Treatment)

**References Supporting Identification of Evidence Levels:**

- Chambless, D.L., Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66(1)* 7-18.
- Chorpita, B.F. (2003). The frontier of evidence--based practice. In A.E. Kazdin & J.R. Weisz (Eds.). *Evidence-based psychotherapies for children and adolescents* (pp. 42--59). New York: The Guilford Press.
- Odom, S. L., Collet-Klingenberg, L., Rogers, S. J., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure, 54(4)*, 275-282.

## Section Four: Literature Review

### New Literature Reviewed:

Mohamed, A. R., & Mkabile, S. (2015). An attachment-focused parent–child intervention for biting behaviour in a child with intellectual disability: A clinical case study. *Journal of Intellectual Disabilities*, 1744629515572711.

### Literature Reviewed for Previous Determinations:

Bojanowski, J. J., & Ammen, S. (2011). Discriminating between pre-versus post-theraplay treatment Marschak Interaction Methods using the Marschak Interaction Method Rating System. *International Journal of Play Therapy*, 20(1), 1.

Mary Pat Clemmons, Karen Doyle-Buckwalter, Michelle Robison, Sandra L. Lindaman & Marcia Ryan (2009). “I Deserve a Family”: The Evolution of an Adolescent’s Behavior and Beliefs About Himself and Others When Treated with Theraplay in Residential Care Published online: 27 June 2009 Springer Science+Business Media, LLC 2009

Earbart, J., Zamora, I. (2015) Achievement together: the development of an intervention using relationship-based strategies to promote positive learning habits. *Infants and Young Children*, 28(1), 32-45.

Russell, R.S. (2011). A practical approach to implementing Theraplay for Children with autism spectrum disorders. *International Journal of Play Therapy*, 20(4), 224-235.

Siu, A.F.Y. (2014). Effectiveness of group Theraplay on enhancing social skills among children with developmental disabilities. *International Journal of Play Therapy*, 23(4), 187-203.

Siu, F.Y.U. (2009). Theraplay in the Chinese world: An intervention program for Hong Kong children with internalizing problems. *International Journal of Play Therapy*, 18(1), 1-12.

Weir, K.N., Lee, S., Canova, P., Rodrigues, N., McWilliams, M., and Parker, S. (2013). Whole family Theraplay: Integrating family systems theory and Theraplay to treat adoptive families. *Adoption Quarterly*, 16, 175-200.

Wettig, H.H., Coleman, A.R., Geider, F.J. (2011). Evaluating the effectiveness of Theraplay in treating shy, socially withdrawn children. *International Journal of Play Therapy*, 20(1), 26-37.