



Theraplay® UK - Guidance following the recent ASGSF funding reduction - May 2025

Within the Theraplay® community there have been huge concerns, and many questions, about how we can deliver good Theraplay® interventions given the latest reductions with ASGSF funding. At Theraplay® UK, we do not claim to have all of the answers but we have endeavoured to set out some guidance to assist our community. This document will be updated as the situation unfolds and as the implications for practice are revealed and experienced.

(Throughout this guidance, our use of the word 'parent' refers to anyone who is in a parenting role with the child).

What does a Theraplay® dyadic intervention look like?

The standard Theraplay® process involves the following elements:

- Intake meeting with parent(s) – at least 1 session.
- MIM assessment – this is the video-recorded structured observation of 1 child & parent together. It takes 1 session per child & parent.
- MIM analysis – the practitioner views the MIM and creates hypotheses to share with the parent. This can take approximately 1 to 2 hours.
- MIM feedback session with parent – this can take 1 session or more depending upon the parent's needs. There might be more parent sessions depending upon the need of the parent and their readiness to attend the dyadic session with their child.
- Parent practice session – this involves the parent experiencing Theraplay® activities. At least 1 session.
- Dyadic sessions interspersed by regular parent sessions; typically there are 3 dyadic sessions followed by at least 1 parent session (per 3 dyadic sessions) throughout the intervention. The dyadic session involves the child & parent attending Theraplay® sessions together. These dyadic sessions, and regular parent sessions, continue until the work ends. This stage of the intervention typically involves 12 sessions.

As set out above, the above elements of work could easily involve at least 16 direct sessions plus the additional non-direct time that is needed to analyse the MIM video, view video from the dyadic sessions and plan for the dyadic and parent sessions. A Theraplay® dyadic intervention for an adopted/care experienced child typically involves approx. 26 sessions, depending upon clinical need.

We are aware that our community is trying to figure out what can be delivered within the current ASGSF funding limits. We are also aware that different Theraplay® providers have different fees for their interventions. It is therefore not possible for Theraplay® UK to tell practitioners exactly what they should offer within current funding limits because there are different fees and different

skill levels. For example, a highly experienced Certified Theraplay® Practitioner would be able to tailor a Theraplay® intervention so that it best fits the needs of the parent and child, their therapeutic goals and what can realistically be achieved.

The overarching importance of Theraplay® Supervision

When making any decision about a Theraplay®-informed intervention, it is essential that this is done by someone who has been properly trained. Certified Theraplay® Practitioners have been well trained to be able to make decisions about how to tailor an intervention to meet the specific needs of a child and family. They are also in the best position to decide whether a Theraplay® intervention can realistically and ethically meet the clinical needs of a child and family within any budget limitations.

For people who are not certified, then supervision with a Theraplay® UK Approved Supervisor would constitute best practice for making decisions and ensuring that an intervention still follows Theraplay® principles.

People who have attended a Level 1 and/or 2 training, but haven't yet done any supervised practice should refer to Theraplay® UK's Position Paper 'Delivering Theraplay® Commissioned via the Adoption Support Fund (ASF)'* so that they know how to describe their work and level of training. As stated in that position paper, it is crucial that people who have attended Level 1 and/or 2 receive supervision from a Theraplay® UK approved supervisor.

After attending only a Level 1 and/or 2 training, people should follow the usual dyadic Theraplay® protocol so that they can develop good Theraplay® skills. We strongly advise people to avoid changing the protocol or integrating and blending therapeutic models until they have acquired competence with Theraplay®.

*Position Paper located on Theraplay® UK's website

Theraplay® as a model of Practice

Theraplay® has a strong history of being delivered in different settings with different groups of children and families. We are aware that Theraplay® principles can be used in different ways to meet the varying needs of children and parents. For example, Theraplay® UK's 'Parenting with Theraplay®' course is a good example of how parents and professionals can learn to use ideas from Theraplay® outside of a standard Theraplay® dyadic intervention.

We are aware that practitioners may be considering how to change the Theraplay® protocol, by, for example, omitting particular steps, to enable an intervention to fit within budget constraints. We believe that with flexibility comes responsibility, meaning that it is essential that practitioners

use their skill level and competence, together with supervision, to deliver an intervention that is ethical, safe and still true to the Theraplay® model.

Brief intervention based on Theraplay®

A practitioner may consider providing a brief intervention based on Theraplay®. It is important that commissioners and the families receiving any such intervention are told how a 'brief intervention' differs from the standard Theraplay® protocol and what the limitations would be.

For example, with limited sessions, a potential 'brief' intervention plan could comprise:

- Intake meeting.
- MIM assessment.
- MIM analysis.
- Parent feedback session(s) based on MIM findings.
- Additional parent sessions to explore and think about the four Theraplay® dimensions (Structure, Engagement, Nurture & Challenge).

This could be a good option when parents are in need of therapeutic support to be able to reframe their relationship, reflect on their reactions/ responses and develop their empathy/understanding of their child.

This is a difficult compromise that practitioners may need to make. If this option is chosen, it is important to describe it properly, for example, by calling it a MIM-based intervention.

Dyadic Theraplay® without a MIM

Another potential option may be to provide dyadic Theraplay® without the MIM component. This potentially could be an option when a parent is in a good place psychologically (i.e., not in 'blocked care'), and has therapeutic understanding of their child from an attachment / trauma / neurodivergence lens.

Whilst being far from ideal, it is possible to devise a treatment plan without a MIM. However, to launch straight into dyadic Theraplay® you would need:

1. To be a fully Certified Theraplay® Practitioner (so you have the required knowledge and skills to make this decision).
2. A good intake to identify treatment goals and to be confident about what the parent is ready for.
3. A parent practice session (so the parent has an experience of the Theraplay® activities).
4. Regular and frequent parent reflection sessions. These will be a vital component. It is essential that parents understand the Theraplay® dimensions and they are well supported.

5. To have developed a good working relationship with the parent(s), and to know the family well so that you can confidently identify which Theraplay® dimensions to work on and identify realistic treatment goals.

To be clear, Theraplay® UK believes that this is a risky model which would undermine the integrity and fidelity of the Theraplay® dyadic protocol. There are important therapeutic processes that are lost when the MIM component is not done, including valuable clinical information and losing crucial reflection and therapeutic-alliance building with the parent(s).

Shorter-term Intervention

Practitioners may decide to offer a shorter-term intervention (i.e. the Theraplay® protocol as usual but with elements shortened where possible). This could involve:

- Intake with parent(s).
- MIM of parent & child (with observation of this happening live using a baby monitor style camera so that the analysis can be done simultaneously)
- MIM feedback in one session. Including setting goals which are realistic.
- Parent Practice session.
- A reduced number of dyadic sessions with the aim being to equip parents/families with new tools to build their relationships and to find ways for them to generalise Theraplay® into their daily lives quickly. This would still need to involve some parental reflection sessions. There would need to be a review of goals at the end.

Group Theraplay®

For those practitioners who have completed Group Theraplay® training, this could be an option, depending upon the specific needs of the child and family.

Other considerations

Other elements of an intervention that could potentially be reduced include:

- Considering whether you need to do MIM with both parents or just the parent who will undertake the dyadic work with you.
- Considering reducing any non-clinical elements such as a MIM Report.

Thinking about Goals

Whatever the length of intervention, make sure your goals are relevant and also achievable to what you are providing.

Final Thoughts

Theraplay® UK is always open to hearing the views and ideas from our community. Please do get in touch with us if you have any comments, thoughts and ideas to share after reading this guidance. We are hoping to arrange an open session in due course, to create a safe, supportive space for all practitioners to share their reflections, concerns and ideas. You will be notified of this once arrangements have been finalised.

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