**Marschak Interaction Method (MIM)-Based Assessment Form - UK 2025**

Where the practitioner administering the tasks has not yet completed the practicum, this form is to be called *Marschak Interaction Method (MIM)-Based Assessment*. Only a Certified Theraplay® Practitioner is qualified to administer and analyse a MIM assessment. Both types of MIM protocol must be followed by a parent feedback.

‘Parent’ has been used throughout, meaning ‘parental figure’ or ‘caregiver’ for the child. Edit as appropriate.

| **Practitioner administering MIM** |  |
| --- | --- |
| **Child’s name or initials** |  | **Child’s age at MIM** |  |
| **Child’s developmental issues affecting MIM (if any)** |
|  |
| **Parent 1: relationship to child, name or initials, date of MIM** |
|  |
| **Parent 2: relationship to child, name or initials, date of MIM** |
|  |
| **Brief context for MIM: Family history, reason for referral, setting, any special circumstances** |
|  |

| **List of tasks administered**  |
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**With parent 1:**

| **Time** |  | **Task\*****(examples given for nursery and school age)** | **Dimension** |
| --- | --- | --- | --- |
|  | 1 | Take a squeaky toy each and have the two animals play together | E |
|  | 2 | Take 8 (or 5) blocks and give 8 (or 5) blocks to your child. Build a stack or pattern. Say to your child, ‘Build one just like mine with your blocks’  | S, C |
|  | 3 | Put lotion on each other | N |
|  | 4 | Tell your child about ‘When you came to live with us’/‘When you were a baby’ | N |
|  | 5 | Teach your child something s/he doesn’t already know | C |
|  | 6 | Leave the room for one minute without your child  | N, E |
|  | 7 | Play a game that is familiar to you and your child | E |
|  | 8 | Put hats on each other | E, N |
|  | 9 | Feed each other  | N |

**(With parent 2:)**

| **Time** |  | **Task\*** | **Dimension** |
| --- | --- | --- | --- |
|  | 1 | Take a squeaky toy each and have the two animals play together | E |
|  | 2 | Each take paper and pencil - draw a quick picture and encourage your child to ‘Draw a picture just like mine’ | S,C |
|  | 3a3b | Comb each other’s hair *or, when one or both of the participants does not have hair or wears a head covering:*Take a plaster out of the box and put it on your child  | NN |
|  | 4 | Tell your child about ‘When you came to live with us’/‘When you were a baby’ | N |
|  | 5 | Teach your child something s/he doesn’t already know | C |
|  | 6 | Leave the room for one minute without your child  | N, E |
|  | 7 | Play a game that is familiar to you and your child | E |
| *If 2 MIMs are administered at different times, add additional tasks, eg:* |
|  | *(8)* | *Tell your child to ‘Give dolly a drink’* | *(S, N)* |
|  | *(9)* | *Feed each other* | *(N)* |

**With both parents** (if two MIMs done back to back):

| **Time** |  | **Task\*** | **Dimension** |
| --- | --- | --- | --- |
|  | 8 | Put hats on each other | E, N |
|  | 9 | Feed each other | N |

**\*Note about making substitutions to the recommended task list:**

With some families, you may decide that it would be appropriate to substitute a task. Alternatives for prenatal, toddler and adolescent age groups are listed in the *Theraplay*® *3rd edition* book*.* Ensure that the alternative you choose corresponds to the dimension of the original task on the list. As with all of your practice, be mindful of the many trans-culture, developmental and situational issues that inform how you relate to the families in your care, and discuss potential stressors with parents at your initial referral meetings. For example, you may be aware of a child’s sensory needs that could make the lotion task stressful and unpleasant (talc could be a good alternative); the early stages of adoption may make ‘Leave the room’ traumatic for the child (the toddler task in which the parent remains in the room could be more appropriate); the parent may be bald or wearing a headscarf so ‘Comb each other’s hair’ would not be possible and could be substituted by ‘Tell each others’ fortunes’. In all substitution decisions, the principle is for the child and parent to feel emotionally and physically safe, and for the tasks to be developmentally appropriate. If you are unsure, consult with your Theraplay® supervisor, or send an inquiry to The Theraplay® Institute for guidance.

| **Structure dimension** |
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1) Parent provides structure/directions.

2) Child accepts structure/directions or is child defiant, insisting on doing things his/her own way.

3) Parent’s efforts to structure and organise help regulate the child.

4) What role does the parent take?

 Parent in peer or child role;

 Parent unable to set limits;

 Parent turns authority over to child;

 Parent in teacher role (pedantic, rigid, focused only on task at hand).

**Observations of verbal and non-verbal interactions that support conclusions about:**

Child & Structure:

Parent 1 & Structure:

(Parent 2 & Structure:)

| **Engagement dimension** |
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5) Parent able to engage the child and how.

6) Child’s response to parent’s attempts to engage.

7) Parent responds empathically to the child.

8) Parent and child are physically and affectively in tune with each other.

9) Parent matches level of stimulation to child’s ability to tolerate it.

10) The two (three) are having fun together.

**Observations of verbal and non-verbal interactions that support conclusions about:**

Child and Engagement:

Parent 1 & Engagement:

(Parent 2 & Engagement:)

| **Nurture dimension** |
| --- |

11) Parent provides nurturing contact (touch, physical contact, caregiving).

12) Child accepts nurturing contact.

13) Parent asks child to take care of him/her.

14) Parent recognises and acts upon child’s need for help in calming/having stress reduced.

15) Child accepts parent’s help for calming/stress reduction.

16) Child is able to soothe self.

**Leave the room task**

17) Parent prepares child for separation. Note: describe child’s behaviour during separation and at reunion.

**Tell about when a baby/came to live with us task**

18) Nature of story.

19) Reflection about parent/child feelings.

20) Child’s response.

21) Parent attunement to child’s response.

**Observations of verbal and non-verbal interactions that support conclusions about:**

Child & Nurture:

Parent 1 & Nurture:

(Parent 2 & Nurture:)

| **Challenge dimension** |
| --- |

22) Activities chosen by the parent are developmentally appropriate.

23) Child responds to the task.

24) Parent makes mastery appealing.

25) Child is able to focus and concentrate.

26) Child is able to handle frustration.

27) Parent helps child handle frustration.

**Observations of verbal and non-verbal interactions that support conclusions about:**

Child & Challenge:

Parent 1 & Challenge:

(Parent 2 & Challenge:)

| **General reflections** |
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Once you have considered the questions relating to each dimension, it is useful to ask yourself some general questions in order to gain understanding and empathy for both parent and child:

* What would it be like to live twenty-four hours a day with this child?
* Would living with this child make you feel good about yourself?
* What would it be like to live twenty-four hours a day with this parent?
* Would living with this parent/child make you feel good about yourself?

| **Parent feedback** |
| --- |

* List specific positive observations about child and parent.
* What overall messages do you plan to share with the parent about their interaction with their child?
* What questions do you have for the parent based on your observations?
* Which tasks do you plan to show the parent during the feedback session?

If feedback has already taken place, note the above information as well as the parent’s response.

| **Intervention planning** |
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Based on your analysis of the MIM and the information gathered at the feedback:

* What do the child and the parent need?
* Which dimensions will be the primary focus of the intervention to meet those needs?

**Outline for first session and what to practise at the parent demonstration session:**

| **MIM Observation Recording Form** |
| --- |

| **ADULT** | **CHILD** |
| --- | --- |
| **Feedback** | **Inference** | **Verbal** | **Non-verbal** | **Non-verbal** | **Verbal** | **Inference** | **Feedback** |
|  |  |  |  |  |  |  |  |

| **MIM Summary by Dimension** |
| --- |

| **Dimension** | **Parent 1** | **(Parent 2)** | **Child** |
| --- | --- | --- | --- |
| **Structure** | Strengths | Strengths | Strengths |
| Needs | Needs | Needs |
| **Engagement** | Strengths | Strengths | Strengths |
| Needs | Needs | Needs |
| **Nurture** | Strengths | Strengths | Strengths |
| Needs | Needs | Needs |
| **Challenge** | Strengths | Strengths | Strengths |
| Needs | Needs | Needs |

**Appendix**

| **Notes concerning the dimensions** |
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You may it helpful to have these notes to hand as you are analysing the MIM video and preparing your comments for the parent feedback. They give a summary of the core elements being examined in each dimension.

**Structure**

Structure is the element of good caregiving that forms the foundation for all the other dimensions. 'Good enough parents are trustworthy and predictable, and they help define and clarify the child’s experience. The parent sets boundaries to ensure the child’s safety and helps the child to understand the world in which she/he lives. Appropriate structure conveys the message, 'You are safe with me because I will take good care of you.' As a consequence of the parent’s structuring of the child’s environment, the child enjoys physical and emotional security and is able to understand and learn about her/his environment.

**Definition:**

Tasks in this dimension are designed to assess the parent’s ability to take charge, to set limits, provide a safe, orderly, understandable environment for the child as well as the child’s willingness to accept that structure.

**The standard:**

* Parent in adult role providing clear structure appropriate to child’s developmental level.
* Child accepts adult leadership.

**Signs that the dyad needs help:**

* Parent in peer or child role.
* Parent unable to set limits.
* Parent turns authority over to child.
* Parent in teacher role (pedantic, rigid, focused only on task at hand).
* Interaction disorganised or chaotic.
* Child defiant, insisting on doing things her/his own way.

**Engagement**

Parents of young children provide excitement, surprise, and stimulation in order to maintain a maximal level of alertness and engagement. They also soothe and calm the child when necessary so that the child is again available for engagement. These efforts to engage the child must be appropriate to the child’s emotional state, developmental level, and needs. Appropriate efforts to engage the child communicate the message, 'You can interact in appropriate ways with others. You can be close to others. You have feelings that I can appreciate and share. Others have feelings as well. You are fun to be with.'

**Definition:**

Tasks in this dimension are designed to assess the parent’s ability to encourage interactive engagement that is appropriate to the child’s developmental level and emotional state. In the case of autistic or obsessive compulsive behaviour, we want to assess the parent’s ability to draw the child out of his rigid isolation and into interaction. While playfulness can be part of any interaction, it is clearly an important factor in engaging the child in joyful shared interactions.

**The standard:**

* Parent is able to engage the child and work together when appropriate.
* Parent and child are able to be playful while still accomplishing the tasks.
* Parent shows empathic awareness and responsiveness to child’s emotional state.
* Parent and child are in sync/are emotionally in tune (cf. Stern’s affect attunement).

**Signs that the dyad needs help:**

* Parent remains aloof, allows too much distance or fails to engage the child.
* Parent can’t leave the child alone, takes over tasks the child could accomplish on her/his own.
* Child won’t let parent get close.
* Child ignores or rejects parent.
* Parent unresponsive to child, unaware of child’s feelings, unable to calm child.
* Parent projecting his/her own feelings on to child.
* Parent unaware of child’s feelings.
* Parent so serious and task orientated that there is no room for pleasure and light heartedness.
* Parent teases.
* Parent’s joking and playfulness takes priority over accomplishing the task.
* Child is silly and unable to attend.
* Child is too serious.

**Nurture**

Healthy parents are warm, tender, soothing, calming, and comforting. The comforting presence of the parent in the long run helps the child develop the capacity to take over these functions for her/himself. The message of nurturing care is, 'You are loveable. I will respond to your needs for care, affection and praise.'

**Definition:**

Tasks in this dimension are designed to assess the parent’s ability to respond appropriately to the child’s developmentally and situationally appropriate needs for nurture, as well as to assess the parent’s ability to recognise tension and stress in the child, and to use a calming, nurturing response to help her/him deal with it. We are also interested in the child’s ability to accept the parent’s nurturing care and to turn to the adult for comfort. In addition, we look at the child’s capacity for appropriate self-soothing or self-regulation.

While some activities deliberately set up a stressful situation, there are opportunities throughout the MIM to observe how the adult helps the child deal with stress: for example, at the beginning of the session when the child is anxious because of being observed, parents can help reduce stress in a variety of ways.

Specific stress reduction tasks include:

* Parent leaves the room for one minute without the child.

**The standard:**

* Parent responsive, empathically attuned to child’s needs.
* Parent comfortable with physical touch, with holding, cuddling, and feeding.
* Parent is aware of child’s need for calming, and soothing.
* Parent recognises child’s rising tension and has a variety of appropriate ways to soothe and calm the child.
* Parent neither jumps in too soon to ‘bail’ the child out, nor waits so long that the child is in despair or out of control.
* Parent prepares child for separation (perhaps even providing a transitional object).
* Child accepts parent’s nurture.
* Child shows age appropriate concern about parent’s leaving but can be comforted upon parent’s return.
* Older child shows pleasure in parent’s return and is able to reconnect with the parent.

**Signs that the dyad needs help:**

* Parent infantilises child.
* Parent withholds gratifying experiences.
* Parent turns nurturing tasks into teaching tasks.
* Parent asks child to nurture/take care of him/her.
* Parent does not recognise or acknowledge child’s tension or distress.
* Parent’s response to child only escalates child’s discomfort.
* Parent does not prepare child for separation.
* Child rejects or appears uncomfortable accepting care and nurture.
* Child is aloof, acts as if it did not matter that parent leaves.
* Child is clingy and unable to let parent leave.
* Child is timid, helpless, and fearful.

**Challenge**

Healthy parents encourage the children to move ahead, to strive a bit, and to become more independent. This dimension includes the activities through which parents stimulate development, encourage progress, set appropriate expectations and take pleasure in the child’s achievement. Experience with appropriate challenges gives the child a sense of mastery and develops realistic self-expectations. The message is, 'You are capable of growing and of making a positive impact on the world.'

**Definition:**

Tasks in this dimension are designed to assess the parent’s ability to stimulate the child’s development, to set developmentally appropriate expectations, and to take pleasure in the child’s achievement. The child’s ability to respond to challenge is also assessed.

**The standard:**

* Activities chosen by the parent are developmentally appropriate
* Child responds to the task
* Parent makes mastery appealing
* Child is able to focus and concentrate
* Child is able to handle frustration
* Parent helps child handle frustration

**Signs that the dyad needs help:**

* Parent expectations too high (or too low).
* Parent avoids challenging the child.
* Parent too competitive.
* Child avoids challenge.
* Child expects too much of her/himself.
* Parent or child shows no pleasure in achievement.
* Parent does not acknowledge the child’s efforts.

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