



## **GIL INSTITUTE SERVICE DESCRIPTION**

### **MARSCHAK INTERACTION METHOD (MIM)**

#### *Statement of the Problem*

Mental health professionals are often asked to conduct assessments with young children to determine a number of things, including: developmental functioning; current psychological, social and emotional status; presence of symptoms suggesting childhood disorders; and/or their current attachment style, relational health, and perception of important caretakers in their lives. In addition, young children may have alleged physical or sexual abuse, or child maltreatment by caretakers, family members, or others. Referring parties include school personnel, parents, caretakers, social service agencies, courts, or attorneys. The Marschak Interaction Method (MIM) is Gil Institute's primary starting point for conducting parent-child relationship assessments and will be described below.

#### *Service Description*

The MIM was developed by Anne Jernberg and is a salient and pivotal component in the work of Theraplay. Theraplay is a relationship-based, dyadic, experiential method of play therapy that seeks to develop secure attachments between parents and their children. The MIM is conducted prior to entering Theraplay therapy services as it identifies strengths and weaknesses in the parent-child relationship in four important domains: engagement, nurture, challenge, and structure. The MIM may also be used independently to assess parent-child dynamics and to formulate treatment recommendations, whether or not the family has the option of participating in Theraplay services.

Theraplay provides the following information about the MIM on their website:

*"The MIM is a structured technique for observing and assessing the overall quality and nature of relationships between caregivers and child. It consists of a series of simple tasks designed to elicit*



*behaviors in four primary dimensions in order to evaluate the caregivers' capacity to:*

- *Set limits and provide an appropriately ordered environment (Structure)*
- *Engage the child in interaction while being attuned to the child's state (Engagement)*
- *Meet the child's needs for attention, soothing and care (Nurture)*
- *Support and encourage the child's efforts to achieve at a developmentally appropriate level (Challenge), and assess and facilitate the child's ability to respond to the caregivers' efforts.*

*The MIM takes from 30 to 60 minutes and is usually videotaped. There are sets of tasks designed to be used in each of four age groups: infant, toddler, pre-school/school age, and adolescent. Materials needed to perform the tasks are simple and readily available. In addition to allowing a close look at problem areas in the relationship, the MIM provides a unique opportunity for observing the strengths of both adult and child and of their relationship. It is, therefore, a valuable tool in planning for treatment and in determining how to help families strengthen their relationships. The description of the relationship that results from this observation is a valuable aid in determining the appropriateness of custody arrangements, reunification, foster placement and/or adoption.*

*While the MIM provides useful information about the way two people interact, it is important that other sources such as case management data, interviews and other types of assessments be taken into account when major decisions such as change of placement or permanent placement are being considered. The MIM is not yet standardized and normed. Several groups have devised rating systems which are under study."*

#### *Service Procedure*

1. Phone or in-person interview with referring professionals with identification of specific assessment question;



2. Completion, scoring and interpretation of parent-child assessment instruments;
3. Parent-child participation in the MIM which may last 30 to 60 minutes as specified above;
4. Clinical review and interpretation of videotaping of parent-child meeting(s);
5. Feedback to parents about videotaped session (if appropriate);
6. Preparation of written reports, if requested and agreed upon at the outset.

#### *Assessment-Specific Instruments*

Clinicians will use discretion in choosing additional assessments that might compliment the MIM. These might include completion of the Child Behavior Checklist for Children (CBCL) or other relevant instruments. In addition, clinicians may use the MIM Behavior Rating Scale (MIMBRS) developed by Dr. Anne Stewart.

#### *Service Fees*

Clinicians providing the MIM service charge their hourly fees which are specified in the treatment agreement and reviewed at the time of intake. MIM assessment sessions will occur weekly or bi-weekly depending on the specific needs of each individual parent-child dyad as well as timelines of the referring professionals and the availability of clinicians. The specific format, timeframe, and structure will be determined and reviewed at the outset.