Center for Family Development

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Two-Week Intensive Treatment Program

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DESCRIPTION

Many of the children referred to The Center for Family Development receive a two-week intensive program of therapy. In this therapeutic approach the child, parents (and when appropriate, other family members), and a hometown therapist participate in at least thirty hours of therapy over a two-week period. This short term very intense approach provides an array of clinical advantages for highly resistant, controlling, non-trusting children. The consistency and intensity of daily therapeutic contact creates a context in which defenses are reduced, motivation increased, and a trusting therapeutic relationship is established. This therapy is not a "magical cure," although significant and dramatic changes often occur during the two-week experience. Intense confrontation of emotional issues, in conjunction with strong support and nurturing, "opens the door" for more conventional therapy to be effective. Follow up therapy is essential. Another advantage of this therapy format is our ability to observe and modify family relationships and dynamics. Parent child, marital, and sibling issues become evident in daily therapy sessions. Also, we encourage referring therapists to participate in the treatment process whenever possible. This increases the likelihood of effective follow up and provides training and supervision to mental health professionals interested in learning about this modality.

THE THERAPY

The Center for Family Development was started with the purpose of treating children with Attachment Disorders. Attachment Disorders result when there is a serious interruption of the bonding cycle during the early critical stages of life: conception through the first 36 months. This may be due to difficult pregnancy, maternal stress or trauma, separations from primary caretakers, abuse, neglect, a history of maltreatment, maternal depression or other mental illness, frequent change of caretakers, repeated foster care placements, adoption, parents with inadequate parenting skills, or unrelieved pain of the child due to chronic illness.

Children with Attachment Disorder do not trust; they are oppositional, angry and often dangerous to themselves and others. They are unable to give and receive affection in a healthy way. They lack cause and effect thinking and frequently do not develop a conscience. Being in control of everyone and everything is a survival technique. As a result, these children do not allow themselves to be parented. They suffer from one of the most difficult emotional and behavioral conditions. Society is seeing an increase in the number of children with Attachment Disorder. If left untreated, these children have the potential to do tremendous damage to themselves, to others, and to society we are all affected by this in some way.

Children with Reactive Attachment Disorder may present with a variety of symptoms. Some children are more aggressive and defiant, while others are more superficially charming and inauthentic in the emotional expression. For a detailed description of some of the behaviors that may be presented, see our website.

Children with Reactive Attachment Disorder may also have other problems, such a sensory-integration disorders, other mental health conditions, such as Bipolar I Disorder, and various neuro-psychological dysfunctions. As part of the application packet materials, we screen for many of these issues.

TREATMENT INVOLVES

Validation of child's feelings.

Identification of feelings, encouragement of appropriate and safe expression of those feelings.

Education as to origin of feelings.

Resolution of early trauma through revisiting the circumstances, reframing the trauma, healing the trauma, empowering the child to grow beyond the trauma.

Working through grief and loss issues.

Cognitive restructuring of faulty thinking patterns, attitudes, and perceptions.

Increasing child's self-control abilities.

Reshaping behavior to more appropriate and socially acceptable levels.

Enhancing a child's self-esteem.

Helping child to develop positive sense of identity.

Improving social interaction patterns by focusing on respect for others and reciprocity in relationships.

Helping child to develop thoughtful decision-making skills.

Helping child to accept responsibility for his/her own behavior.

Helping child to develop the capacity for joyful play.

Helping child to experience and accept loving, nurturing care.

Helping parents learn effective parenting techniques that shape behavior while nurturing the child.

Helping parents identify and alter negative parent child interaction patterns.

Helping parents resolve their own issues of grief and loss.

Although this therapy is sometimes intense, it is sensitive to the child and to the family. Both the child and the family are respected and cared for. Self-defeating behaviors are confronted. Individuals are asked to work very hard to face the difficult issues that perpetuate these self-defeating behaviors. Confrontation and intensity are important parts of the therapeutic process, but the process includes much more. The therapeutic process experienced through The Center for Family Development is loving, nurturing, respectful, empowering, and helpful; while there are no guarantees in life or therapy, many families have found treatment to be of value. No harmful or potentially harmful techniques such as wrapping or compression holds are utilized (see our Informed Consent document for a detailed description of therapeutic methods used and not used

PARENTING REQUIRED

Therapeutic parenting is a vital and essential component of treatment, accounting for a significant portion of the long-term success. In order for a child's difficulties to be remedied, the child requires a secure, stable, very consistent, warm, and loving home. The effective parenting of a child with Reactive Attachment Disorder requires attachment parenting, [1] which is quite different from "normal" parenting or behaviorally based models. Specific elements of parenting that are required are the following:

Create a healing environment.

Set a positive tone for the family.

Provide frequent genuine nurturance, attention, and love, verbally and physically.

Encourage the child to be affectionate. Take the lead in providing consistent and frequent affection.

Create clear and consistent structure. Structure creates a feeling of safety and security for the child.

Set appropriate rule and realistic limits and consistently enforce.

Keep an organized home with consistent times for homework, meals, bedtimes.

Predictable routines develop feelings of safety and security and help an attachment-disordered child learn to experience the caregiver as reliable and trustworthy.

Communicate effectively.

Send warm, loving, accepting messages.

Use eye contact and touch to encourage your child to listen and hear.

Make positive rather than negative statements.

Praise and approval must be about specific behaviors and accomplishments.

Discipline in a calm, neutral manner.

Use consequences rather than punishments.

Competency based parenting. Secure attachment develops as a result of the interplay between structure and freedom, and dependence and independence.

The parents must physically structure the home to provide a safe and appropriate environment for the child. The method I use involves helping the family become able to use therapeutic foster care knowledge and skills. The parents must have the ability and psychological capacity to function like a therapeutic foster parent. The parents must provide the proper high and consistent degree of structure and warmth necessary for the child to heal by developing trust and security. This environment allows the child to bond with the parent. As all the parents I work with will attest, this is very demanding work; some parents have described it as the hardest thing they have ever had to do. It requires parents who are able to consistently adhere to a structured and well-regulated program. The expectation is actually significantly higher than that typically found in therapeutic foster homes. It requires parents who are able to effectively manage their anger and frustration and not allow those feelings to interfere with being a warm and loving parent. It requires parents who can put the needs of the child first. My experience is that adults with current serious personality disorders, co-morbid addiction, bipolar disorder, or attachment disorder, among other conditions, do not have the ability to effectively parent an attachment-disordered child.

Initially, it is best for the parent to be with the child, as one would be with an infant or toddler, all day and to keep the child within arm's length. This initial period to "line-of-sight" supervision, coupled with an attitude of empathy, love, curiosity, and playfulness sets the stage for the child to become connected to the parent. This initial period can be as brief as one month, or last as long as several months, depending on the child's level of disorder and ability to begin to trust the parent.

DYADIC DEVELOPMENTAL PSYCHOTHERAPY

Dyadic Developmental Psychotherapy, an attachment-based therapy, is a well-recognized treatment for disorders of attachment. In fact, there is ample evidence in the literature that this is the only effective treatment

for Reactive Attachment Disorder. [2] The proposed treatment approach is consistent with generally recognized treatment protocols for Reactive Attachment Disorder.

Therapy for children with Reactive Attachment Disorder has three components. The first is designed to help parents understand children with attachment disorder: how they feel, how they think, and their internal psychological dynamics. The teaching of attuned and responsive parenting skills comprises the second part. These skills are designed to help the parents engage the child emotionally in a growth enhancing relationship. We use the model of creating a healing PLACE. PLACE stands for being playful, loving, accepting, curious, and empathic. The third component involves intensive emotional work with the child. This part constitutes a significant portion of the treatment.

The basic purpose of treatment is to help the child resolve a dysfunctional attachment and develop a healthy attachment. The goal is to help the child bond to the parents and to come to grips with the disappointment, sadness, fear, and anger at the first attachment figure(s) and their failure to parent. Said another way, the goal is to resolve the fear of loving and being loved. The parent's own family of origin issues are also a focus of treatment as these may create difficulties in the current relationship with their child.

Many families have found this treatment to be helpful; although each case is unique and there can be no guarantees since treatment involves a large amount of complexity. We find this treatment to be highly effective when used by trained professionals in a clinical setting with specific children.

FOLLOW UP TREATMENT

On the last day of the two-week intensive therapy a follow up treatment contract is written and signed by all team members, contributing to the future plans for the continued care of the child. It includes specific time frames, goals, and measurements as well as contingency plans. This follow up treatment plan is the springboard for the child who is beginning a new life. Most of the time the placing family leaves with a sense of enthusiasm, accompanied by feelings of inadequacy and fear of failure. Parenting skills learned in treatment seem rough and unnatural at first, and it takes some time and practice for the parents to incorporate these new techniques into the family lifestyle with a sense of ease.

Once the two-week intensive is completed, the follow-up work begins. The child has gained structured guidelines for behavior and has experienced specific exercises to foster trust and reciprocity within relationships. At this point we are hopeful that the child has been emotionally opened to the possibility of warmth and love, but therapy must be maintained and follow up services provided or there is little chance of maintaining any gains that may have been achieved. In effect, the child can be expected to rely on old patterns of behavior. The child and family often find themselves in a fierce battle upon their return home. This is a time that tests the resolve, commitment, and creativity of everyone. It is a dangerous time in the relationship.

Important to success is the personal and marital strength of the parents. They are encouraged to improve communication styles and develop ways to minimize stress while learning to re-parent and nurture their child. The follow-up therapist instructs parents that the number one rule in effective parenting is to take care of themselves. On-going therapy to resolve personal issues that impact parenting is often recommended for the parents. During the treatment sessions, parents learn to reinforce reciprocity, foster responsible behavior, and maintain structure with their children.

The true test of the ideal reciprocal behaviors and regard for others is out in the "real world" of challenges and choices. If parents are able to employ tools learned in treatment, the child's chances of trusting others enough to apply reciprocal behaviors and attitudes are dramatically improved.

Following the two-week intensive therapy, communication between the Center's clinical team and the hometown therapist, the family specialist and the family are imperative. The team effort allows for the exchange of a variety of ideas. It also provides for the continuity of care with the follow up therapist.

HOW TO BEGIN

The first step is to send to our office copies of any and all records regarding your child:

School records for the last two years
Behavior reports
Results of standardized testing
Grade reports
If your child has an IEP, a copy of that
Copy of any school psychologist evaluation
Adoption summaries
Foster care summaries
Court documents
Social histories
Psychiatric evaluations
Psychological evaluations
Mental health records
Admission and discharge summaries

An application fee of $550 is required in order for us to send to you an application packet with a variety of psychological tests and questionnaires for you, the child, and the school to complete and return to us. As soon as we receive the completed application packet, we score all the tests and review the materials. We can then schedule the two-week intensive.

[1]Attachment Parenting, edited by Arthur Becker-Weidman & Deborah Shell.

[2] Creating Capacity for Attachment, Edited by Arthur Becker-Weidman & Deborah Shell.

Dyadic Developmental Psychotherapy: Essential Practices & Methods, Arthur Becker-Weidman, PhD.

Dyadic Developmental Psychotherapy: A multi-year Follow-up, in, New Developments In Child Abuse Research, Stanley M. Sturt, Ph.D. (Ed.) Nova Science Publishers, NY, Press 2006 pp. 43-60.

Becker-Weidman, A., (2012) Dyadic Developmental Psychotherapy: Effective Treatment for Complex Trauma and Disorders of Attachment. Illinois Child Welfare Journal, 6(1), pp 1-11.