Creative Living Center


Licensed Mental Health Counselor, Registered-Play Therapy Supervisor

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Treatment Protocol

The Creative Living Center works with children, adolescents, and young adults and their families. We offer treatment for children with attachment disorders (Reactive Attachment Disorder, PTSD, and other related disorders). CLC works with children and adolescents with past histories of abuse and neglect, multiple placements, and internationally adopted children. Working with IFAPA (Iowa Foster and Parent Association) and Kid’s Net, CLC stays on top of latest strategies working with foster children and pre-adoptive children. Using Patty Cogen’s influence and strategies on working with internationally adopted children, CLC stays on top those who are parenting internationally adopted children. (Parenting an Internationally Adopted Child by Patty Cogen). CLC works with the comorbid conditions that may accompany these attachment disorders.

Target Population-The target population starts at birth to seventeen and their families. Recently, the majority of the CLC’s clients are children, adolescents, and young adults age three to seventeen years of age.

Practice Summary-A majority of the population that we work with have histories of neglect, abuse, and significantly ineffective treatment. Many have been moved from one foster home to
another and have experienced neglect, physical, sexual, emotional abuse. Most of the population we work with have been adopted. Some have gone through: medical trauma, accidents, catastrophes, poor prenatal care, post-traumatic disorder in mothers, drug and alcohol abuse while the child is in utero, etc. Most come to CLC with a diagnosis of ADHD. They have often times been seen by other therapists. Some have been in residential of in the legal system. The help they received has very little evidence of positive change in the child’s behaviors, his ability to trust, his ability to feel safe, and see adults as strong.

**Work done at CLC:** I have trained with Dan Hughes and received supervision and training from Arthur Becker-Weidman. Attunement, modeling, intersubjectivity, connection and relationship are main elements of the effective treatment of children with trauma and attachment disorders. A vital part of treatment is going back into their early childhoods and working on normal parent-child connection. We work on the alliance, commitment, to the alliance, exploration, and integration in order to help the client. Their inner working model that is misleading them is worked on as well as more effective parenting strategies that can strengthen the connection and relationship. CLC believes that compliance is based on connection and relationship rather than punitive interventions tainted with anger and shame.

The main approach to treatment is Dyadic Developmental Psychotherapy. It is evidence based. We work on helping the parents, relatives, educational staff, and professionals who work with the child to understand attachment disorder. Teaching attuned and responsive parenting skills is a big part of our treatment. This is done by modeling in session and conversation with the parents and their child. PLACE (playful loving, accepting, curious, and empathetic) for the parents is stressed. Intense emotional work with the child and family is stressed. This is a major part of treatment. Theraplay is also used to include parents in an interactive approach to treatment. The four dimensions are: structure, engagement, nurturing, and challenge are addressed. Fillial therapy is also used as parents come into session and become a very active part of connecting with the child.

The purpose of treatment is to help the family work on a healthy attachment. Working on past issues, fears, and trauma is important. Connecting to the parent and the parents connecting to the child is a goal. Understanding fear-based behaviors and the child’s inability to get their true feeling out is key. The parents past issues and how they could cloud this attachment are discussed.

At CLC, the transition is being made to two hour sessions so that the parents can be seen first and then the attachment and issues (connection and relationship) can be worked on. Treatment always involves parents and the child. There is no drive-by therapy. Oftentimes, the
entire family is included in therapy. It can happen that the child has abused them and their relationship needs work. Biological children are carefully watched and worked with.

**New Parenting focus:**

The family atmosphere is an important part of treatment. It should be consistent, warm, and structured. It should have a metaphorical “smiling” feeling. Parenting a child with Reactive Attachment Disorder will have to parent differently than parenting other child. They might find strategies that worked with their biological children are not effective. Family atmosphere, mom and dad working together (or a single parent with a mentor), genuine nurturance, encouragement, clear and consistent structure, communicate more successfully, discipline, consequence the first time, work on their jobs (be respectful, responsible, fun to be with, be quicker and snappier, do it right the first time, and do it as an authority figure requests.

**Services—**

Basic evaluation: first meeting with the parents, second meeting includes observation of children ages 3-17, a formal intake, Child Behavior Checklist, Kinetic Family Drawings, Behavior Rating Inventory of Executive Functioning, RADQ, Achenbach, and careful review of all records. The results are shared with the parents. Releases are signed and plans are set. The alliance is checked. More testing will be added in the future. Since working with Arthur Becker-Weidman, we have included the BRIEF and CBC have been added.

Used and described in the informed consent form:

1. Education of the child and parents
2. Education with relatives, loved ones, and educational staff
3. Processing the child and family’s trauma
4. Working through the grief and loss issues
5. Work on changing the inner working model that is not based on reality
6. Therapeutic cradling......never forcing it or forcing eye contact. We do not do holding therapy.
7. Accept the child’s feelings and behaviors but going to work on them.
8. Role-playing....and reenactment....empty chair technique
9. Parents stay PLACE; therapists stay PACE
10. Work with parents own issues from the past.
11. Eye contact.
12. Talk for the child
13. Talking about the child.
14. Talk about natural consequences and about changing behaviors and feelings found in the procedure memory.
15. Refer to Biofeedback and Neurological Reorganization
16. Homework.

CLC does not use:

1. Holding a child in anger and despair
2. Shaming a child until the child is compliant
3. Using long or painful consequences in order to get the child to be compliant
4. No rebirthing or wrapping
5. Interventions based on power such as emptying the child’s room except for the mattress
6. Asking a child to leave therapy because of noncompliance
7. No sarcasm or laughing at the child in a shaming way
8. Blaming the child for other’s behaviors or feelings
9. Using the behaviors as a descriptor of the child

Safety Risk Management Plan:

Parents are part of every session. They are either in the room with the child or watching on closed circuit TV. All sessions are videotaped. CLC adheres to the ATTACH White Paper on Coercion.

Evaluation/followup:

When treatment starts to run its course and the child and family and integrating, a final session is held. They are encouraged to stay part of the support group and continue seeking education and attending the ATTACH conference.