JASPER MOUNTAIN
Hope for Children & Families

The Direct Care Treatment Plan, Two Treatment Plans for Every Child

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More is not always better, but in the treatment of children with emotional and behavioral disturbances, two treatment plans can be better than one. The causes of emotional and behavioral problems in children are many and thus the solutions to these problems can be complex and must be individualized. And yet children are children, and they all have the same basic needs for safety, security, acceptance, belonging, food, shelter, love and touch to name a few of the most important basic needs. Psychological treatment must be targeted and individualized, but providing the same basic needs and building blocks for a successful future to every child leads to consideration of two treatment plans may be better than one.

The targeted clinical treatment plan is very familiar in every intensive and outpatient treatment setting. Such a plan involves careful assessment, identification of the target problems (diagnosis), and designing sophisticated interventions that address the causes and solutions to the unique problems of the individual child. These Clinical Treatment Plans (CTP) are the foundation of our mental health system. They usually involve a collaboration of parents with professionals all working to implement a plan to help alleviate problematic symptoms and return a child to a state of healthy functioning. When treatment plans are mentioned, it is the CTP that people are referencing.

At the same time a targeted and individualized plan is essential to help a struggling child, all children have the same basic needs that will form the foundation for a lifetime of either success or failure depending upon how these basic needs are met. Every struggling child could also use a second treatment focus that addresses the universal basic needs of every child. The job of a young child is to live in the present, but the job of a parent is to keep an eye on the future. The healthy child engages with the world around him or her through learning and playing in the present with little attention or interest in the future. However, the parent must not only provide for the present needs of the child but must prepare the child for the future with tools that will promote success throughout life.

The fundamental role of all adults who help children is to be a parent who both meets the immediate needs of the child and prepares the child for the future. Direct care staff in treatment programs often ask how they can optimize their ability to be helpful in the treatment process of children in settings such as schools, community based programs, and residential settings. One way to do this is through implementing a second treatment plan for every child, what will be called the Direct Care Treatment Plan (DCTP). This plan addresses the universal needs of every child regardless of the emotional or behavioral problems that have brought the child and family to the treatment setting. The Clinical Treatment Plan may require specific psychiatric and psychological components primarily addressed by professionals in specific settings. However the Direct Care Treatment Plan can be the primary focus of both direct care staff as well as parents of the child, moving in a collaborative direction.

The components of this second treatment plan must address what every child needs and answers the question of every direct care provider and parent, "How can I best help this child become better adjusted?" For the sake of clarity the universal steps of the DCTP are broken into the three D's of Disconfirming, Developing and Directing.

The Three D's

Disconfirmation *of past negative connections with others* (overcoming the past) – in many cases the emotional and behavioral problems of children in treatment settings have developed through negative patterns of interactions primarily with adults. These negative interactions may either be trauma producing abuse and/or neglect or unsuccessful attempts by adults to manage the child's problems creating habitual negative patterns. Children quickly learn to adapt to situations through habitual behaviors that can often be negative such as: tantruming, lying, manipulation, aggression, stealing, avoiding, self harm and many other symptom behavior that usually form the presenting problems in treatment settings. These habitual patterns of adapting to people and situations will continue unless somehow disrupted. The first step of the DCTP is to disconfirm the belief in the child's mind that patterns of connection with others will continue and the end results will continue to be the same as they have been in the past.

Developing *a new inner working model* (reclaiming the present) – children function in the world based upon inner perceptions that can be called the child's inner working model. These perceptions have been formed from past experiences, often negative, and form the way the child understands the people and events the child encounters. The inner working model of children in treatment settings should be the main focus, rather than the emotions and behaviors that give rise from the inner model. Negative inner working models often view others as threatening rather than supporting, and the actions of others as harmful rather than having the intention to be helpful. Children in treatment settings misconstrue the motivations of adults and peers leading to adversarial interactions. Inner working models are also habitual in that they persist until something occurs to form a new inner working model or new way to perceive the self, others and events. After negative connections with others are disconfirmed, in other words the child learns old negative patterns will not be repeated, then new perceptions must form a more open and positive inner working model.

Directing *the child toward a successful future (preparing for the challenges ahead)* – because the role of parenting requires a focus on the future and not just on the present, continual attention must be given to teaching the child skills for present and future success. Too often adults focus on getting through a situation without sufficient focus on teaching the child how to do better the next time. This important step must be provided by adults because there are many skills the child will need that do not develop naturally. Without direction children do not learn essential skills such as reciprocity, empathy, self control, responsibility, delayed gratification, moral values, consideration of others, and moving away from an egocentric focus. It is important to remember that the child naturally develops a primary focus on self and, "What's in it for me." Learning to consider the needs and desires of others rather than self does not develop naturally. Without adults to direct this learning, progress in these areas will be slow, delayed, or never learned at all.

Implementing the Three D's

Unlike the CTP, the DCTP can be universally applied to all children regardless of the situation. Therefore from the first contact to the last interaction with any child, the DCTP can be a blueprint on how to work with all children, whether the adult has significant information or no knowledge of the child's history. There are many ways to implement the three D's including the following.

Disconfirmation of past negative connections with others

- Do your best to present energy toward the child that communicates safety, firmness, and remaining unruffled when tested by the child or situations that arise.
- Genuinely listen to the child and reflect an understanding of what the child is communicating by words, energy and non-verbal messages.
- Provide structure for the child including setting limits.
- Communicate in multiple ways a sense of belonging in the environment.
- Decline all invitations to replicate past negative interactions with the child.

Developing a new inner working model

- First find the child's strengths and then point them out repeatedly.
- Accept the child even when you do not accept the behavior.
- Communicate a message of caring for the child.
- Engage with the child in play.
- Be consistent and repetitive in the above interactions.

Directing the child to a successful future

- Help the child build a sense of a positive self.
- When correcting mistakes let the child know you believe he/she can do better.
- Teach the child to self-regulate.
- Develop an attachment with the child built upon safety and personal interest.
- Reflect to the child how to prepare for the future.

Cook Book Recipes as Approaches to Treatment

Many new direct care staff ask a reasonable question, "What should I do with challenging children to get the best results?" Parents often ask the same question. While the question is reasonable, it is difficult to answer from a strictly clinical perspective. Clinical treatment requires a thorough assessment and knowledge of a child's development, genetics, family history, abilities and challenges. Added to this are the unique ways that a child's past creates difficulties in understanding behaviors. There are no cook book recipes or 'one size fits all' clinical plans. However, the Direct Care Treatment Plan does not require weeks of assessment and years of education and training because the DCTP directly addresses the same needs that all children have—healing and learning from the past and engaging in the present while preparing for the future. There is still room for individualizing interventions for particular children. Under each of the headings and specific steps mentioned above, there are many ways to accomplish the objective and children respond differently so there is plenty of room for creativity and innovation.

There is no conflict between the CTP and the DCTP because one addresses universal needs and the other individualizes unique interventions for each child, and these two plans can and must be compatible and in-sink with each other. Optimally direct care staff and parents will also assist with the CTP but addressing the DCTP may be sufficient.

One of the many advantages of intensive treatment settings is not merely the significant amount of clinical treatment children receive but the hundreds of contacts with direct care workers that can often make all the difference between a successful outcome or further solidifying the negative perceptions and behaviors of children with emotional and behavioral disturbances. The DCTP is also one of the best methods to have the child's family and the treatment program on the same page. Family members may not be able to intervene with the child in some of the clinical interventions and services but they can always be therapeutic agents with the child by following the Direct Care Treatment Plan.

If two treatment plans are better than one for children with emotional and behavioral disturbances, the question could be asked which plan will make the most difference. This question should be simply academic if both plans are being implemented well; however, many decades of research may help answer this question. The research on clinical interventions have repeatedly shown that some approaches work better than others. This is the basis for the term "evidence-based practice." However, there is strong support in research to common elements in effective practices. These common elements happen to correspond directly to the ingredients of the Direct Care Treatment Plan—communicating with someone who really listens in a supportive relationship, new insights are provided, self-regulation is taught, perceptions are changed, and repetitive practice solidifies improvement. In asking which treatment plan may be most effective in helping a struggling child, research has for decades supported the fact that it is the person who offers a positive relationship to the client that helps more than the technique the person uses. From this perspective the DCTP is the better match of the two treatment plans with research findings on effectiveness.