

A Residential Care Attachment Model **by Dave Ziegler**

Attachment disorder is much like many other issues in our society wherein we coin a new term for a very old problem and then scare ourselves about how bad it is. Don't misunderstand—an attachment disorder is a serious problem, but it is not what it has been presented to be by sensational stories and made-for-TV books. Children with attachment disorders are just that—children. They are difficult, yes; they can be hurtful, yes again; but they are not lost causes, much less developing Ted Bundys. Our program works with these difficult children every day, and we see clear progress in nearly all of them.

There are tens of thousands of children in our systems of “care”, which means we have far too many children who have not been cared for where it counts—in their families. These children often have defenses and tough shell that few can penetrate. Without a knowledgeable and understanding care provider, this can lead to problems in reaching out and bonding.

These children have attachment themes rather than an attachment disorder. Without someone reaching them while they are still more connected to family than to peer group (usually under the age of twelve), these children may well become the delinquents and criminals of tomorrow. The halls of our prisons today are filled with the youngsters of our systems of care in the past. For these children it is either pay now—with resources for social workers, therapists, and trained foster parents—or pay later—with free room and board in our institutions. These children may well be the criminals of tomorrow, but they should not be confused with children with a true attachment disorder.

Children with a severe attachment disorder have never had a successful attachment to anyone. Children with a mild to moderate disorder have had only partial and never truly rewarding attachments in their short lives. These children start life in the first twelve to eighteen months with failure in the most basic of instincts in human beings—bonding immediately, first of all to survive and then to find a successful place in the interdependent world of other human beings. When things go badly to begin with, the instinct to bond (promoting physical survival) is overridden by avoiding the pain and neglect of attaching (emotional survival). The seeds of attachment are often sown long before the results are observed. Without a disruption in the cycle of an attachment disorder, it may grow into a lifelong and unsuccessful search for a place in the social network of our society.

I believe we are still in a phase where as a society we are not sure how to help these children. In our confusion and to some extent desperation, we have developed what appear to be desperate therapies, and some parents, professionals, and programs believe these intrusive approaches are all that can work. I suggest that we take our desperation and first work to clearly understand the problem and its causes and then commit the necessary resolve and patience to test our solutions. I would like to share with you one such patient testing ground, which is a small residential treatment program call Jasper Mountain Center.

How Jasper Mountain Started

The center was founded by three baby boomers who were raised by their own families with varying levels of health as well as dysfunction. Armed with college degrees, professional experience and seemingly unlimited energy, the three of us set out to make a difference in the world, following the advice of Mother Theresa—one person at a time. The goal was to create a seamless integration of our home life and our professional work. This goal was quite effectively reached, and we are not clear to this day whether this has been as good for us as it has been for the program's children. The practical steps are easy enough to recount: endless meetings to determine the criteria to find the healthiest place in the United States to live, moving to the promised land in southern Oregon, and purchasing a rural ranch. After six months of acclimating and very long days fixing up the old ranch, we informed the state child protection agency that we were ready for their biggest challenges. The reaction from the state's workers was one of equal parts elation and suspicion. Elation that people interested in accepting very disturbed children into their home would also be experienced professionals with counseling backgrounds. And suspicion as to why people who had a choice would want very disturbed children in their home! Many years later there are those who still have suspicions.

Jasper Mountain Center was founded in 1982 on an eighty-acre ranch southeast of Eugene, Oregon. The scenery was beautiful enough, with two major rivers, heavily wooded forest, waterfalls, an artesian spring, miles of hiking trails, and sheer cliffs rising to a thousand-foot mountain, all of which were on the property. The ranch even had history as part of the second homestead in this region of Oregon and the end of the Oregon Trail for Cornelius and Jasper Hills. To this beauty and history we worked to bring hope to some very confused and abused children. From the beginning the children came to Jasper Mountain telling their stories of abuse and pain. The program quickly turned its focus to healing the scars of sexual abuse, which were present in almost all the children. We soon saw that some children healed very differently from others and that some didn't seem to heal at all. Of all the children, there were those who didn't look at you, would push away any affection, and were quick to use and abuse you as they had been themselves. In the early 1980s we began identifying children who had bonding problems, and invariably they were the most difficult of our difficult children.

How the Program Works

Jasper Mountain is based on principles of health in body, mind and spirit. The program ensures clear air, clean water, plenty of exercise, and treatment components in a context of family where the parents are professionals. This family focus has turned out to be the most important ingredient in the therapeutic stew. Not that being in a family makes much difference to attachment-disordered children, but in the final analysis it is the ability of the family and its staying power that will make the difference in the bonding process. In the early years the three of us did everything without outside help. At this point the program has the state's highest classification for supervision and treatment which requires one staff for every three children.

The program uses four basic categories of intervention: environmental, behavioral, psychotherapeutic, and self-esteem.

- Environmental intervention creates a therapeutic Disneyland, but rather than the happiest place on earth, we strive for the healthiest place on earth. There is close scrutiny to every environmental aspect of the program, from the architecture of the buildings to diet, and from the amount of natural light to the control of violent themes that reach the children from the outside world (e.g., having no commercial TV).
- Behavioral interventions include the mundane but important behavior management systems wherein the children earn levels that determine privileges. At Jasper Mountain the children have a behavioral system for the residence and another for the on-site school. Although the level system is the most traditional part of the program, the children get up each morning and go straight for the chart to find out what level they are on for the day. Modifying behavior is an important step, but is only a beginning step in treatment. Behavioral ways to require a give-and-take framework are essential with children with an attachment disorder.
- Psychotherapeutic interventions include all the individual, group and family therapy interventions, as well as art and play therapy. They also include occasional chemical interventions and sessions with the program's psychiatrist. Each child has an individual therapist in addition to our psychiatrist to promote skills at developing relationships with various adults.
- Self-esteem intervention is where some of the unique aspects of the program can be found. These include a variety of routes to the self-worth of the child, including biofeedback, concentration and meditation training, therapeutic recreation, an equestrian program, hiking and rock climbing, jogging, gardening, visual and performing arts, computer competency, positive video feedback to enhance the self-image of the children, and many others.

But even with magical interventions like the above (and there is something that every child will find magical on this list), there is no guarantee that an attachment-disordered child will use any of these to heal his or her disposition toward others. With this backdrop of our basic residential treatment program comes the specific approaches used for these challenging children.

What Makes the Difference?

At Jasper Mountain we are often asked why children with attachment disorders who can strike fear into the hearts of parents, caseworkers, and therapists are not feared in our program. And here is step one in making a difference with these children—they must not be feared or their controlling nature takes over. Relationships with these children are often initially no less than warfare. In this struggle for dominance, if the child wins, everyone loses, and if the adult wins, everyone wins. I see it as just that simple. Of course, how to win the struggle with these masters of control is not simple at all. That we do not fear these children in our program may come from the fact that no matter how good they are, so far none has been able to win the control war at Jasper Mountain. In most cases the children, who are usually very bright, realize within weeks that they may be able to control an individual staff person for a while but not the whole program.

Another factor critical to our success with these children is to work as a team and control all variables in the child's life producing a unified approach. In our program there is only a building change from the residence to the school; the approach and staff act in unison. We take time to work with caseworkers and family so that the methods the child has used to irritate, control and keep others distant do not work on campus or off.

Treatment with these children not only must strip them of their remarkably intricate insulation and defenses but also must provide a real and attractive alternative. How can getting close ever look attractive to a child with an attachment disorder? The answer is as simple as the first principle of negotiation—you get some of what you want only when I get some of what I want. Despite attempting to look otherwise, these children want lots of things. They are generally extremely motivated by material belongings, although they believe that if you knew this, it would make them vulnerable, and thus they pretend to be apathetic to almost everything. Don't believe it. At the same time, they will take without giving if you let them. You must teach them reciprocity and hold them accountable. There must be a constant pressure to connect. With normal children (has anyone seen one of these lately?) coercion is not a positive or useful approach. But with these children they get dessert only after a polite request; they go to the movie only after doing a chore for you; they play fifteen minutes of Nintendo only after sharing two important events at school today. The approach is clear: You don't get something for nothing (except love).

The effectiveness of treating these children comes down to every interaction between adults and the child. This means that every contact between a program staff member and the child is a very small part of the puzzle but critical to the overall picture. Manipulative children do not change if their tricks work on anyone. If the therapist and parents work together but the school is out of the loop, and the child will never change, due to intermittent variable reinforcement, the same principle that brings confident gamblers to Las Vegas to lose their money time after time. The child tells himself that he will prevail in the end.

As stated before, these children are usually quite smart, and when they understand that they must work to get what they want, here is their sequence: First they start by not doing it, to see if you get flustered; then they do it halfway and grudgingly (punishing you); then, if they must do it right, they will do it with a bad attitude; and eventually they just do it. These progressive steps occur only when they have to do their part to get what they want. When this pattern is repeated over and over for years the psychological principle of cognitive dissonance steps in, whereby if your behavior changes, eventually your attitude must change and if your attitude changes, then our behavior must eventually change as well.

You must demand that children with attachment disorders do just what you want of them (which are progressive steps toward relationship). They need not do it with an open heart or with honesty; they just need to do it. What you begin to systematically show them is that they will not be abused when they are vulnerable and that the world where you get what you want by being close to others is far superior to using others and being emotionally and personally alone in the world.

The last factor that makes a difference is a four-letter word, *time*. Time is a four-letter word in our culture because we don't want to take the time to do most anything right. We are irritated by the traffic light that delays us three minutes; we want the flu medicine that gives us fast, fast relief; and incredibly we are impatient when we have to wait two and a half seconds to store our documents on our old model computer. Is it any wonder that we flinch at the prospect of taking years to treat an attachment disorder? This may have something to do with the do-it-quick "holding" therapies that promise some bonding after an intensive weekend, or at least after the twelve-week special. Some may believe that the patterns of withdrawal and distance in a true attachment disorder can be extinguished relatively quickly and a new pattern of interdependency

and vulnerability learned soon after, but I do not believe there is any shortcut to the years of concentrated effort described above. For the *Star Trek* generation, where any galactic problem is solved within the hour, years of effort are inconceivable, but they are truly necessary.

To be fair to all us parents who have a child with an attachment disorder in our home (I have one by adoption), we would have a better chance at putting in years of effort if only we saw some progress, even tiny successes, or at least the reassurance that we were heading in a direction other than futility and exasperation. This is precisely what our program tries to give parents—a road map. We all know that human beings that take at least twelve years to raise before the onset of their teen years. Our current thinking is that the relearning process may take five to seven years. I believe parents can learn to persist if they are shown a way that works, as long as they don't get a false message that there is a quick fix.

The Jasper Mountain method works. Whether it is the place, the people, approach, the time invested, or all of the above simultaneously. The important thing is that the program wears the child's defense down before the child wears the staff down. We do not describe the children as "cured" when they leave Jasper Mountain. Attaching is not only an instinct; it is also a skill. We should not leave children in a rather scary and indifferent world without their defenses unless they are given new tools to succeed in the game of life. It takes a very long time to learn how to bond even after the children decide they want to. This is usually a process of unlearning and then relearning. It is important that we not lead these children down this long road to healing if we are not prepared to go the distance. In residential care this means that you never completely close a case. Our program's graduates keep in touch, come by, borrow money, and bring by their fiancé to meet the family. We have invited our children into our extended family, and nearly all accept.

In adoptions we must understand that there may be no other chance for these children. Due to the time it takes to free a child for adoption, to place the child in the right home, and to invest the five to seven years with him or her, there may not be time for a "Plan B" and starting the process over with another family. This may sound like a great deal of responsibility for the adoptive family, but if real bonding doesn't happen in the first adoptive family, it may never happen.

Perhaps the ultimate abuse is to take a child who is dependent on others for her very life, thwart her survival instinct by not placing her where she can form an attachment, fail to help her connect with others during her early years, and expect her to live the rest of her life emotionally and spiritually alone and separated from friends, a spouse, her own children, and even God. It comes very close to a definition of hell, doesn't it? I hope you agree with all of us at Jasper Mountain that years of hard work are not too high a price to save the quality of life for a child with an attachment disorder.