

Treatment that Works:

THE DIRECT CARE

TREATMENT PLAN



Parents of challenging children are very familiar with the term '**treatment plan.**'

This is generally because their child has been in and out of treatment programs & has worked with all manner of professionals, sometimes for years.

Under the right conditions treatment plans for these children can be helpful. This type of treatment plan will be referred to as the:

Clinical Treatment Plan (CTP).

But can more be done?

QUESTION

Why would a child need something in addition to a CTP?

ANSWER

Children do not heal & grow in the office of a professional. Children heal optimally in a healthy environment such as a **family**.

The role of a professional is to help the parents do their job as well as possible.

Considering the job of

parenting a challenging child

is the world's most difficult occupation bar none, all parents can use some help.

Without professional training, families & others who work with troubled children often ask:

How can I make a **positive difference** with every child?

The causes of emotional & behavioral problems in children are many & thus the solutions to these problems can be complex & must be individualized.

And yet children are children & they all have the same **basic needs**. A few of the most important of these are:

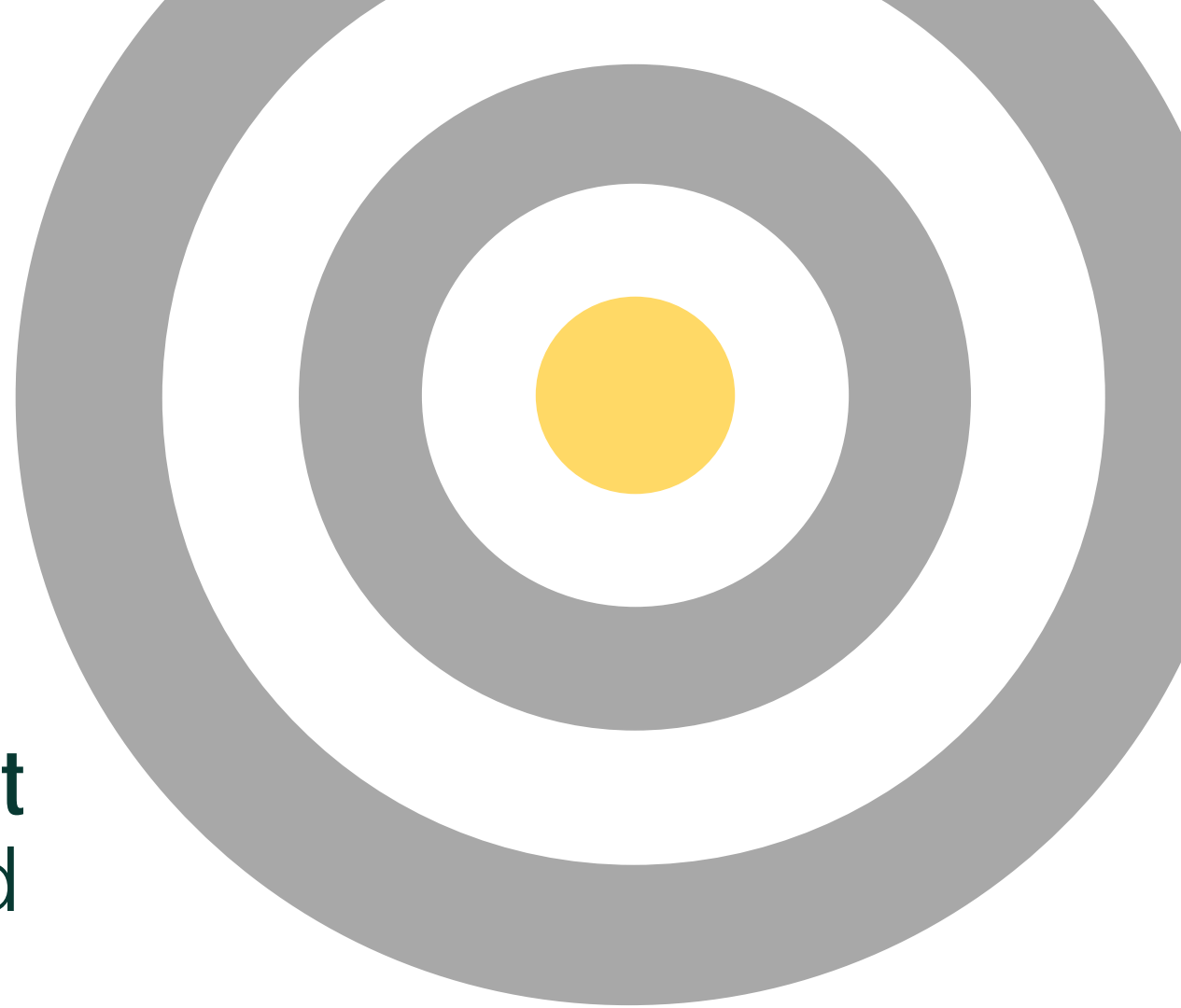
- ✓ safety
- ✓ security
- ✓ acceptance
- ✓ belonging
- ✓ food
- ✓ shelter
- ✓ love
- ✓ touch

Psychological treatment must be targeted & individualized.

But, by providing the same basic needs & building blocks for a successful future to every child leads to consideration that families could use a treatment plan in the **home** or at **school**.

The targeted CTP is very familiar in every professional setting.

Such a plan involves careful **assessment**, identification of the **target problems** (diagnosis), and designing sophisticated **interventions** that address the causes & solutions to the unique problems of the individual child.



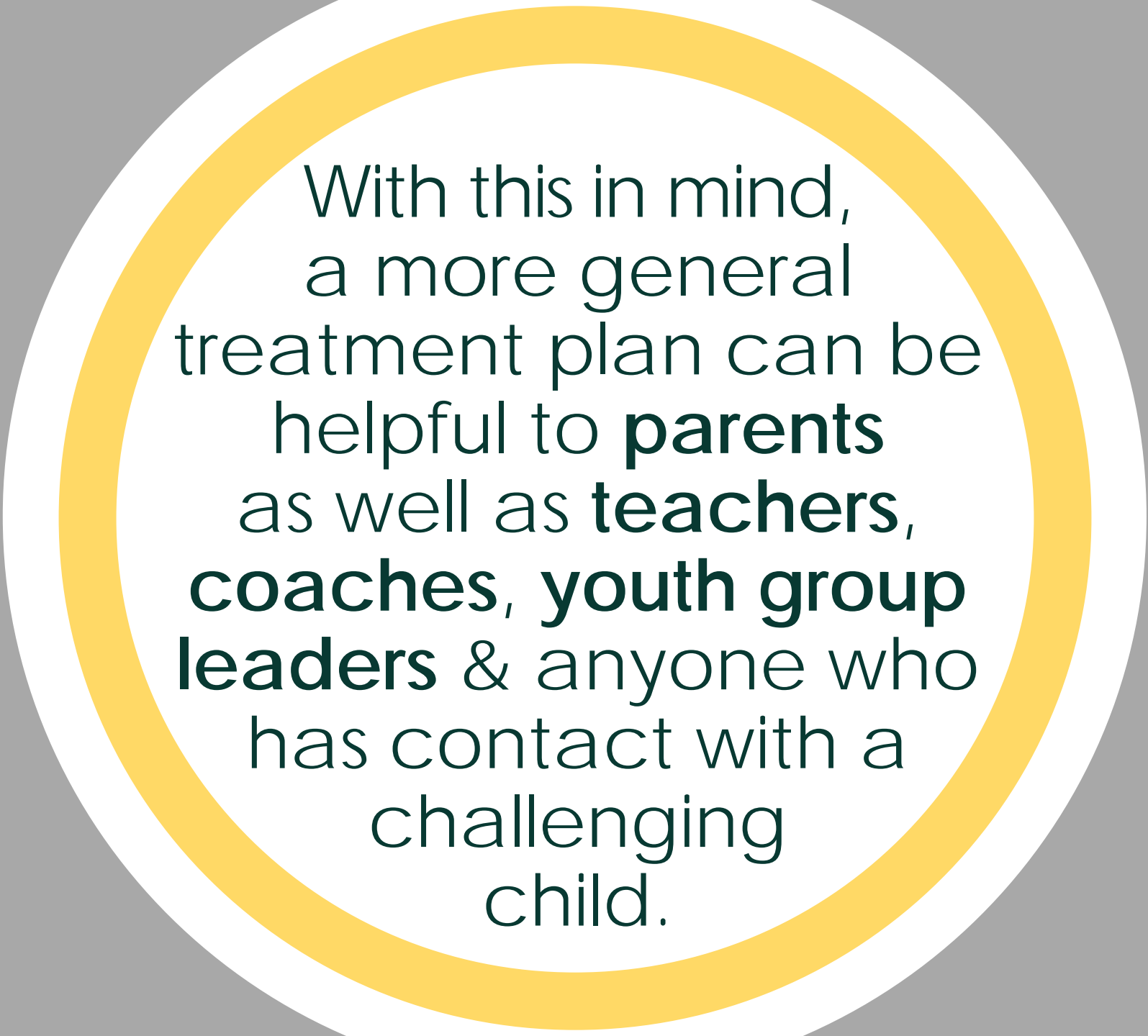
CTPs are the foundation of our mental health system.

They usually involve a **collaboration** of parents & professionals working to implement a plan to help alleviate problematic symptoms & help a child achieve a state of healthy functioning.

When treatment plans are mentioned, it is the **CTP** that people are referencing.

While a targeted & 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 their basic needs are met.



With this in mind,
a more general
treatment plan can be
helpful to **parents**
as well as **teachers,**
coaches, youth group
leaders & anyone who
has contact with a
challenging
child.

DCTP

This general treatment plan can be called the **Direct Care Treatment Plan (DCTP)**.

A **DCTP** requires no clinical records, degrees after your name, or even years of experience.

Every struggling child needs a focus on their **basic needs**.

Every adult trying to meet these **basic needs** deserves all the guidance available in order to help these children.

The **DCTP** is the answer to this question . . .

“What can I do in my role with this child to not make matters worse & perhaps make things better?”

For parents to be successful with a difficult child in their home they need ideas in plain English without all the jargon of various therapies.

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.

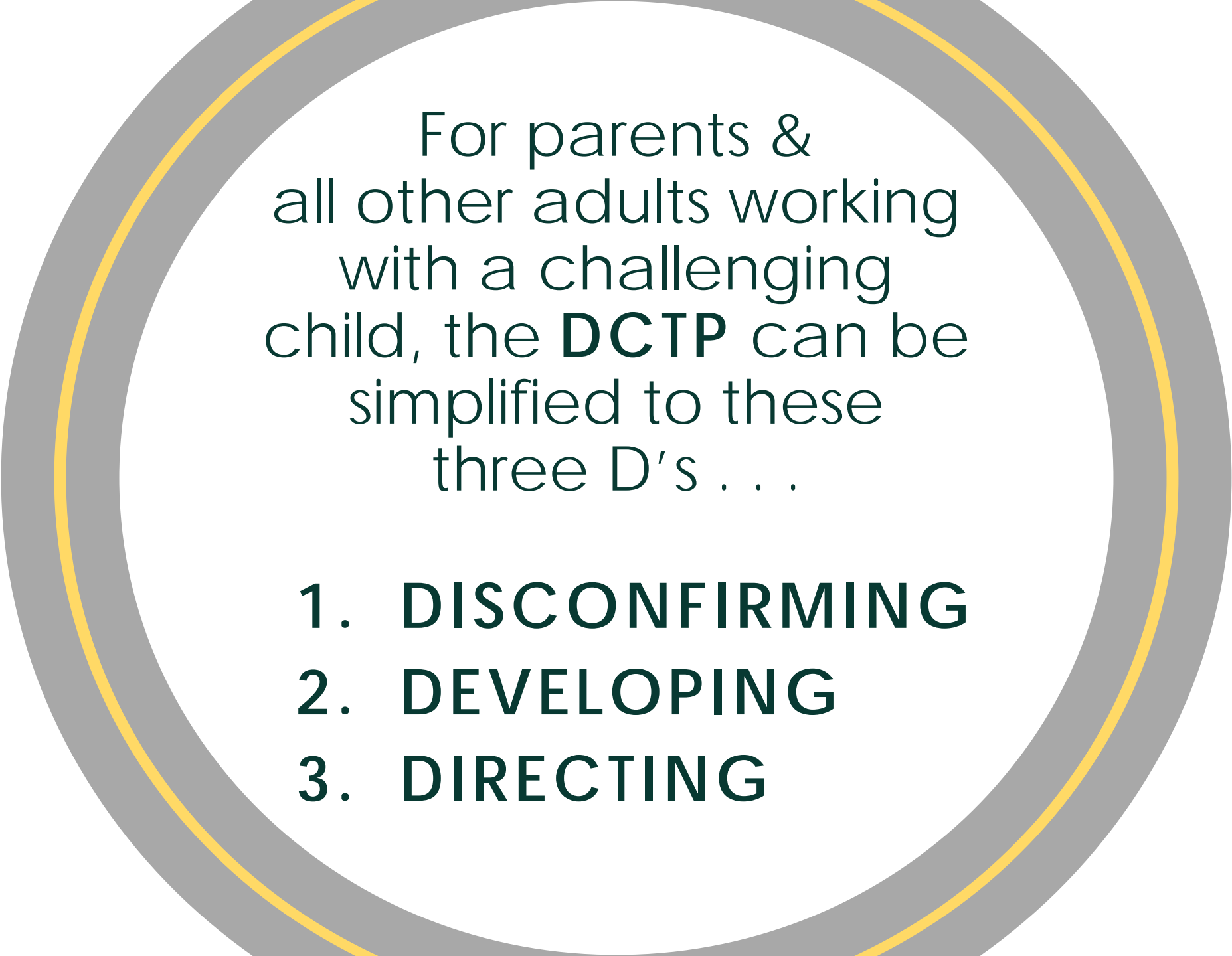


However, the parent must not only provide for the present needs of the child but must prepare the child for the future with **tools that will promote success** throughout life.

Parents must help the child . . .

- ✓ overcome negative issues from the **past**
- ✓ find success in the **present**
- ✓ prepare for the **future**

Most importantly, we know they change their internal perceptions because the majority of our children **improve more** after they leave us than when they were in the program.



For parents &
all other adults working
with a challenging
child, the **DCTP** can be
simplified to these
three D's . . .

1. **DISCONFIRMING**
2. **DEVELOPING**
3. **DIRECTING**

The **THREE** D's

✓ **D**isconfirmation

✓ **D**eveloping

✓ **D**irecting

DISCONFIRMATION

1. Disconfirmation of past negative connections with others, overcoming the past.

In many cases, the emotional & behavioral problems of children have developed through negative patterns of interactions primarily with adults.

DISCONFIRMATION (cont.)

These negative interactions may either be:

- trauma producing abuse
- neglect
- unsuccessful attempts by adults to manage the child's problems

The negative interactions create **habitual** negative patterns of behavior.

DISCONFIRMATION (cont.)

Children quickly learn to adapt to situations through habitual symptom behaviors that can often be negative such as:

- tantruming
- aggression
- destruction
- lying
- self-harm
- irritating
- manipulation
- stealing
- avoiding

These habitual patterns of adapting to people & situations will continue unless somehow disrupted.

DISCONFIRMATION (cont.)

The first step of the **DCTP** is to **disconfirm** the belief in the child's mind that patterns of connection with others will be negative & the end results will continue to have the same outcomes as in the past.

- being rejected
- being ignored
- being hurt
- all the above

DEVELOPING

2.

Developing a new internal working model, reclaiming the present.

Children function in the world based upon inner perceptions that can be called the child's **internal working model**.

These perceptions have been formed from past experiences, often negative, & form the way the child understands the people & events the child encounters.

DEVELOPING (cont.)

The **internal working model** of children in the **family, school & community** should be the main focus of adults working with the child. Therefore, it is not the emotions & negative behaviors that need the most attention but rather the perceptions of the child's internal working model that produces these emotions & behaviors.

Faulty perceptions of the child often get everything confused. The child can view others as threatening rather than supporting, & the actions of others can be viewed as harmful rather than having the intention to be helpful.

DEVELOPING (cont.)

Children who have experienced trauma often misconstrue the motivations of adults & peers leading to adversarial interactions.

Internal working models are also habitual in that they persist until something occurs to form a new **internal working model** or new way to perceive . . .

➤ self

➤ others

➤ events

DEVELOPING (cont.)

So, it is not just you who the child perceives as incompetent, unworthy of love & downright mean. These faulty perceptions start with the child's self-view.

Negative connections with others are disconfirmed by connections with adults who care & are genuinely interested in the child. In other words, the child learns old negative patterns will not be repeated. At this point, new perceptions must form a more open & positive internal working model of the self, others & the world.

DIRECTING

3.

Directing the child toward a successful future,
Preparing for the challenges ahead.

Because the role of parenting requires a focus on the future & not just on the present, continual attention must be given to teaching the child skills for present & 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.

DIRECTING (cont.)

Without direction,
children do not learn essential skills such as:

- reciprocity
- self-control
- delayed gratification
- less of an egocentric focus
- empathy
- responsibility
- moral values
- consideration of others

It is important to remember that the child naturally develops a primary focus on self . . .

“What’s in it for me.”

DIRECTING (cont.)

Trauma can result in a child only thinking about self-interest.

Learning to consider the needs & 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 3 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 at all.

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**, & remaining **unruffled** when tested by the child or situations that arise. Traumatized children test adults to see if you are safe & sure of yourself. If you pass this test everyone wins.
- Genuinely **listen** to the child & reflect an understanding of what the child is communicating by **words**, **energy** & **non-verbal** messages. Let the child know he or she matters to you.

DISCONFIRMATION

of past negative connections with others (cont.)

- Provide **structure** for the child, including setting limits. Without limits every child knows safety is in question regardless of what the child says while testing you.
- Communicate in multiple ways a sense of **belonging** in the environment. Children who have been rejected often attempt to reject you before you reject them, don't allow this to happen.
- **Decline** all invitations to replicate past negative interactions with the child. Traumatized children act to replicate past abuse, you cannot let them be successful doing this.

DEVELOPING

a new internal working model

- First find the child's **strengths** & then point them out repeatedly. It takes **five** positives for every criticism to change the child's internal self-perception.
- **Accept the child** even when you do not accept the behavior. With every correction let the child know you believe the child can do much better.

DEVELOPING

a new internal working model (cont.)

- Communicate a message of **caring** for the child. A child with a disrupted attachment in the past will seek to get rejected. Care for the scared child behind the negative behavior.
- Engage with the child in **play**. Play is critical to heal, relieve stress, & form bonds – not just for children but also for adults.
- Be **consistent & repetitive** in the above interactions. Positive brain changes require repetition to form new thinking patterns (new positive brain networks).

DIRECTING

the child to a successful future

- Help the child build a sense of a positive self. The future looks dark if you know you will continue to fail in your life. The child must see his or her potential through you at first.
- When correcting mistakes let the child know you believe he/she can do better. You must correct misbehavior but do so while reflecting confidence in the child.
- Teach the child to self-regulate. Self-control is required for success in everything in life. Every opportunity to slow down, think before acting, calm down when upset can teach self-regulation.

DIRECTING

the child to a successful future (cont.)

- Develop an attachment with the child built upon safety & personal interest. Learning to form a bond with another person is a fundamental requirement for a successful life
- Reflect to the child how to prepare for the future. Traumatized children struggle in the present & seldom want to think about the problems they will face in the future. Help the child dream and plan for a future worth having.

Many adults who work with challenging children ask a reasonable question,

“What should I do with difficult children to get the best results?”

Parents often ask the same question.

The question, “ *What should I do with difficult children to get the best results?*” is difficult to answer from a strictly clinical perspective.

Clinical treatment requires a thorough assessment & knowledge of a child’s:

- ✓ **development**
- ✓ **abilities**
- ✓ **genetics**
- ✓ **challenges**
- ✓ **family history**

Added to this are the unique ways that a child’s past creates difficulties in understanding behaviors.

There are no cookbook recipes or 'one size fits all' clinical plans.

However, the **DCTP** does not require weeks of assessment & years of education & training because the **DCTP** directly addresses the same needs that all children have . . .

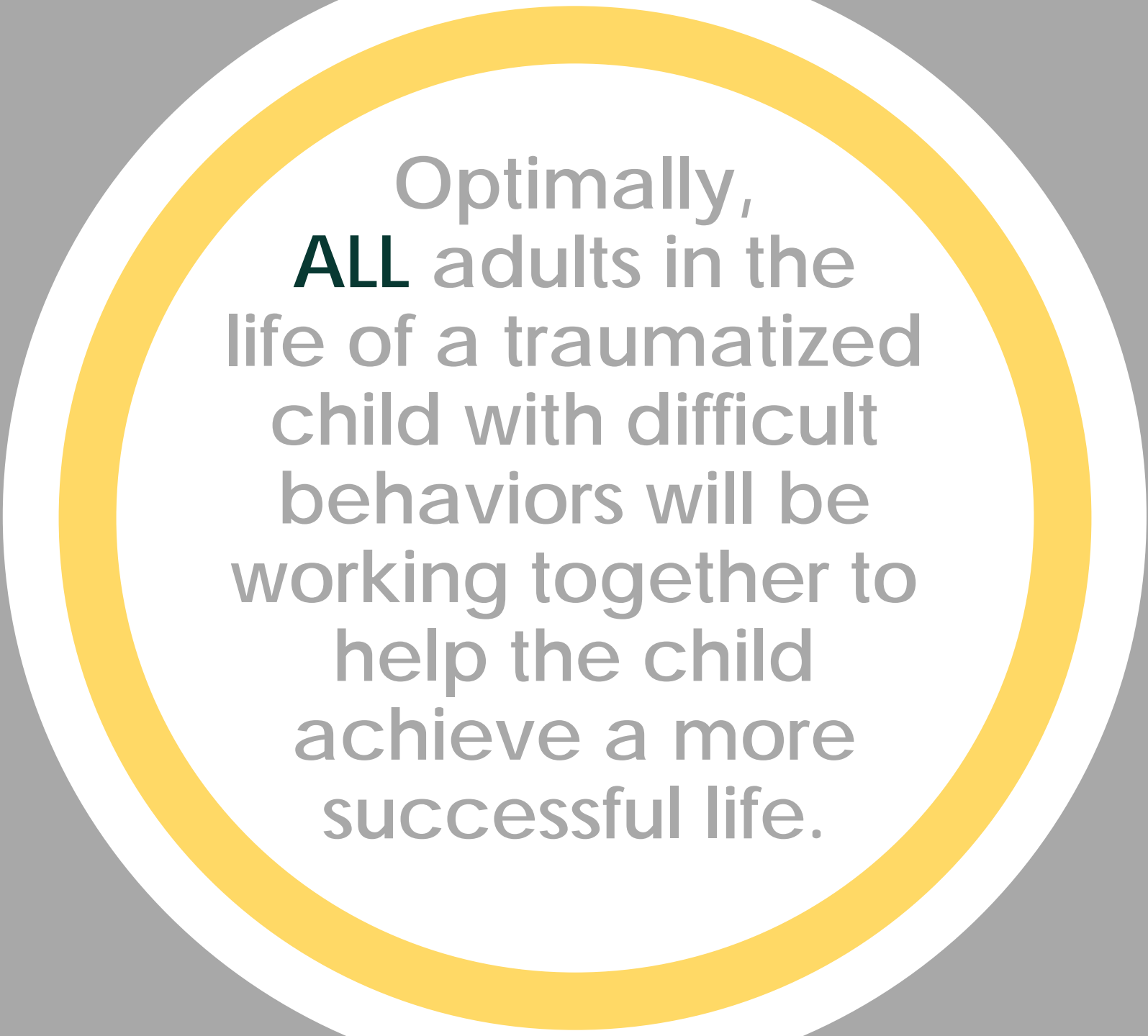
Healing & learning from the **past**,
engaging in the **present**,
while preparing for the **future**.

Therefore, the
DCTP is the closest
thing there is to a
'one size fits all.'

There is still room for individualizing interventions for particular children, but the **DCTP** is appropriate for any child.

Under each of the headings & specific steps mentioned previously, there are many ways to accomplish the objective so there is plenty of room for creativity & innovation.

There is no conflict between the **CTP** and the **DCTP** because one addresses universal needs & the other individualizes unique interventions for a specific child, & these two plans can & must be compatible and in sync with each other.



Optimally,
ALL adults in the
life of a traumatized
child with difficult
behaviors will be
working together to
help the child
achieve a more
successful life.

The research on making a difference in someone's life has repeatedly shown that several elements make all the difference in the long run. These elements happen to correspond directly to the ingredients of the **DCTP**:

When communicating in a supportive relationship with someone who really listens . . .

- ✓ new insights are provided,
- ✓ self-regulation is taught,
- ✓ perceptions are changed,
- ✓ & repetitive practice solidifies improvement

The principles presented above can insure

all adults will be on the same page,

& this is what every child both **needs & deserves.**



[Click for Quiz](#)