

Controversial treatment binds therapist's hands

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From birth, Kasey Harmer's son Tanner refused to let her nurse him, rock him or even hold him.

Harmer said as Tanner continued to grow he never bonded with anyone.

"He would try to jump out of the car, he would attack me, lie in the middle of the road, and try to jump off the deck," Harmer said. "It made me sick. I really thought we would lose him to suicide."

Harmer said a therapist told her to try to build her son's self confidence by enrolling him in karate and spending more time one-on-one with him.

"We got to where every minute revolved around Tanner and every minute was something to help him get better," Harmer said. "And then when we didn't perform exactly as he expected, he would rage out of control."

Finally, Harmer said the therapist told her they had done all that they could do for her son, and that she should look into medicating him to control his behavior.

At 8 years old, a psychiatrist put Tanner on Paxil, an anti-depressant that Harmer said made Tanner fidgety. After another attempt at Primary Children's hospital where Tanner had a stronger outburst with medication, Harmer said she was told that her son was too violent to take home.

"I was afraid I would lose him," Harmer said.

In a last effort to help her son, Harmer took Tanner to the Cascade Center for Family Growth in Orem where he was diagnosed with Reactive Attachment Disorder (RAD).

"I chose Cascade because it was the first time I felt hope. I just remember saying, 'Do these kids ever grow up to be normal, can they ever have families. They said, definitely they can,'" Harmer said.

According to Larry VanBloem, a therapist at Cascade, Tanner is rare because he was born with an attachment disorder and he is the Harmer's biological child. VanBloem said typically children that suffer from RAD are adopted and have undergone severe trauma or abuse at a young age that makes them distrustful of adults.

"In severe cases, the children try to recreate the traumatic lifestyle they were raised with," VanBloem said. "They try to get parents to act like the other parents."

At Cascade, therapists tailor the treatment specific to each child and family, often sharing what has worked for other parents in similar circumstances.

Harmer said that after six months of holding therapy, Tanner is functioning well and his behavior is under control without medication.

"We have had great success, everyone can notice a difference in him, a light, a happiness," Harmer said. "He will lay on my shoulder or lap, which he has never done in his life. He is just loving and sweet now."

Although VanBloem treats patients with other therapies, he insists that for some children holding therapy is the only solution that works.

Mallory Alderink's adopted son Jeremiah was also diagnosed with RAD. According to Alderink, her son was able to manipulate traditional therapists during sessions.

"He would schmooze the therapist," Alderink said. "Often therapists will walk out of a session with an attachment disorder kid saying, 'He is adorable, he is so sweet,' and I would think, that is great, but you didn't help him a bit. You don't understand what is going on with him at home."

Holding therapy is legal in all 50 states – for now.

Restraint therapy could be on the verge of extinction in Utah.

Representative Mike Thompson, R-Orem, drafted a prohibition of coercive restraint therapy bill for the upcoming 2003 legislative session, which has already received unanimous support in the Child Welfare legislative committee.

Last year Thompson introduced a similar bill, but it was held up in the rules committee until the end of the legislative session.

"There is a principal here that if you accept a license you are saying that you will live by certain guidelines that the state puts on those authorities," Thompson said.

According to Thompson, the American Psychiatric Association says there is no scientific evidence to support the effectiveness of interventions like holding therapy.

But Cascade therapist Jennie Gwilliam said the therapists are doing what they are licensed to do and that empirical evidence does exist to support the effectiveness of restraint therapy.

Two separate studies found restraint therapy to be beneficial for children suffering from attachment disorders, Gwilliam said.

"You really have to go through the whole story with people and tell them what you go through on a day to day basis," Harmer said. "And you have to tell them the difference you have seen since they started the holding therapy."

VanBloem said he thinks the bill to ban restraint therapy is politically motivated.

Thompson said that is not the case.

"We are trying to protect children from abuse and we are trying to protect parents from being misled as well," Thompson said.

Thompson said the bill has bipartisan support and that the next step may be to take it before the Health and Human Services committee for approval.

Safe Care president and mother of children with RAD, Charly Risenmay, said if restraint therapy is banned, communities everywhere will suffer the consequences.

"When you have kids who have already done so many destructive things, and you don't help them, what is the cost to society? They live next door to you, they live next door to me, they live in my home," Risenmay said.

Supporters of holding therapy said if treatment is taken away, the only alternatives provided by the state are to put the children in treatment centers or hospitals where they will be medicated until they are released into society at 18.

"We are the families out there who are fighting a battle. Frankly, no one else wants to fight," Risenmay said.

Harmer said having the resources and treatment to help her son has changed their family for the better.

"Before we came to Cascade, we spanked, we did time outs, we did everything. We didn't know what to do. We were so hopeless," Harmer said. "After my first visit here, I felt understood and I felt like someone was with me on it and we never spanked again. I never reacted in anger again."

Risenmay said feeling the pain associated with the trauma and abuse is essential to the healing process.

"My child has never been in physical pain. They have been in emotional pain, absolutely, but that pain is already there," Risenmay said.

But Thompson believes the pain children undergoing this therapy feel is physically dangerous.

"Some of these sessions go three hours. How would you like to be wrapped in a blanket and not be able to get out for three hours?" Thompson said. "It's really abusive, that is what it is."

The one thing all sides seem to agree on is that more research needs to be done into the effectiveness of restraint therapy.

"It isn't just my problem as an adoptive parent of one of these children," Alderink said. "If he is not healed, he will act on those feelings inside of him. He will destroy property like he does in our home."

Thompson said despite threatening phone calls, he will continue lobbying for his bill because he believes it is in the best interest of the children.

"I think the solution is to show a little more kindness, a little more love," Thompson said. "Love will work if we give it enough time."
