

Holding therapy changes life

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Love is not an easy thing for April Murdock to feel.

To cope with abuse she suffered as a young girl, Murdock, 20, a junior from Orem double majoring in psychology and socio-cultural anthropology blocked herself off emotionally from the world, escaping into the pages of novels.

"I could get mad and scared, but sad--never and love--never, those were absolutely foreign emotions," Murdock said.

Because she did well in school, was respectful, and did not have any behavioral problems, Murdock's parents did not worry about her.

Then, at age 14, with unresolved issues haunting her, Murdock developed an obsessive-compulsive disorder and began fixating on her weight and body.

"I would go to a therapist and talk and I thought that I was done, that I had totally healed from the abuse," Murdock said. "But then, as I got older, all these problems were coming up and I had to admit that maybe I had not completely healed."

Murdock turned to a new treatment called coercive restraint therapy.

The therapy is only practiced in a handful of institutions across the nation because of the controversial and often-intrusive methods therapists use to cause a victim to revisit emotional trauma and express and resolve repressed emotions.

A bill sponsored by Representative Mike Thompson-R-Orem, that will be decided in the upcoming legislative session would ban the practice from Utah.

"The therapy was intense and scary; it brought up a lot of hard things," Murdock said. "But I had tried talk therapy before, and I tend to be a very logical, analytical person and since I was so shut off emotionally, I wanted to heal but I didn't know how."

Murdock said going through holding therapy taught her to feel and to break down years of barriers she had build up to protect herself.

"I had a lot of emotional pain, it taught me to trust touch, to trust love and to accept," Murdock said. "For the first time, I could hug and was comfortable giving hugs because for a long time, that was not something I was not able to do."

But not everyone believes coercive restraint therapy is a miracle cure.

"I think that in holding therapy, with the coercive techniques they use, the dangers outweigh the benefits, if any," Jonathan Barney said.

Barney was never a patient at Cascade, but his girlfriend was.

According to Barney, when she complained to him about the treatment she was undergoing at Cascade, he began researching restraint therapy and quickly joined the opposition in trying to ban the practice from the state.

"When I got started with this I did it because (my girlfriend) was complaining. I didn't want to get involved with it for the longest time, but after I saw a bruise on her belly from when she said the therapist had put an elbow in her abdomen, I changed my mind," Barney said. "After seeing some evidence of the bruise, that is when I followed up."

Larry VanBloem, a therapist that performs holding therapy at Cascade, said the procedure does involve deep tissue massage, which can cause some bruising. VanBloem said holding therapy is emotionally not physically painful for his patients. Murdock agrees.

"It's pulling up so much anguish and pain that you want to do anything you can to stop it and when you are in such an emotional state, the logic isn't quite there," Murdock said. "I never felt I was going to die or that they were hurting me; the emotional pain can be so much more terrible than the therapy."

Randy Pennington, adoption coordinator at Wasatch Mental Health, said he does not recognize coercive restraint therapy as an effective treatment for the 20 percent of children in his caseload with reactive attachment disorder.

Pennington said testimonials in psychotherapy are not good enough evidence to support new therapies.

"To me, coercive restraint therapy is abuse, no matter what the outcome, because it creates a trauma bond with an already traumatized child," Pennington said. "It's horrific; I just don't see it helping; I have never recommended it because it is not consistent with the American Psychiatric Association ethics code, the general consensus or the Social Workers Association."

According to Pennington, the institutional review boards within the medical community refuse to conduct research on the therapy because it involves inflicting harm or pain on human subject.

For Ali Evans, a former Cascade restraint therapy patient, the therapy's lack of accreditation does not matter.

"Because of holding therapy I was able to heal and get married and can now be a mother to my son and a baby on the way," Evans said.

According to Evans, she is the only one of her siblings that received treatment that helped her deal with the abuse they all suffered as children.

"One of my brothers is in prison, another is on drugs, and I have two sisters that are both in destructive relationships right now," Evans said.

Barney said desperate parents often turn to coercive restraint therapy out of fear of their children growing up to be criminals.

"They really do believe if they don't treat the children like this, those children will become a second Ted Bundy," Barney said.

Mallory Alderink said restraint therapy is reserved for children that show violent tendencies even at young ages, like her son who has threatened to kill the family and has hurt pets.

"We don't want our kids perpetrating on society and being violent; we are trying to help them, but we need the tools to be able to do that," Alderink said. "If my child doesn't get help, he will go into a state system; there they will try the therapies that have already failed with him; then he will be released at 18 back into society. If he is not healed he will act on those feelings inside of him; he will destroy property like he does in our home."

Murdock agrees with Alderink that effectively treating the abused is a societal responsibility.

"This is a serious problem, and it affects everybody and if people don't get treated, if they don't get help, there is no prevention," Murdock said. "It is proven, if a victim doesn't get help they will perpetuate the cycle, so it can happen to somebody else's kids and it doesn't stop."

Alan Misbach is a licensed clinical psychologist and a vocal opponent of coercive restraint therapy. Misbach first brought the issue to the attention of Rep. Thompson. "What I would like to see happen is the use of coercive restraint and coercive techniques being banned by all licensed mental health professionals," Misbach said.

According to Misbach, there is no credible or established organization that opposes legislation to ban coercive restraint therapy, other than those who are followers or practitioners of it.

"The followers are cult-like in their beliefs," Misbach said. "They adhere to these beliefs, almost religiously in the face of all of the evidence against them."

Murdock said she is feeling in a good healthy place, accepting love and loving people and she attributes her healing to the coercive restraint therapy she underwent.

Murdock now returns periodically to work with kids in the structured respite program at Cascade, in an effort to help children who have been through many of the same things she has dealt with.

"It was so hard and so difficult to see their pain," Murdock said. "But great joy comes from it, and when you see somebody learning to love or trust or accept, when you see someone making progress, and learning to do all those healthy behaviors-there is great joy in that."

Although Barney is no longer involved with the girl who initially sparked his interest in the issue, he continues to actively lobby for legislation that would ban restraint therapy from Utah.

"I have an agenda, I do; I started this and even if it isn't a personal thing anymore, it is a social responsibility," Barney said. "It is something that is hurting children, that is why I am continuing with it."

Murdock said banning holding therapy would have negative effects on the parents and children that depend on the treatment.

"The parents consistently say, 'we are at the end of our rope, nobody else could help us, there is nothing else we could do,'" Murdock said. "To see the pain and hurt in these kids is so sad, it's horrifying, and to take away something that has helped so many people...I think that is horrible."

Pennington said he has witnessed parents shy away from adopting and DCFS has difficulty placing kids because of the long and difficult process of treating traumatized children.

"I tell parents there is no quick fix; there are no guaranteed products that will treat their children's symptoms," Pennington said. "I have witnessed some children never get better, but others learn to cope and develop skills, through family therapy, strength and humor."

Supporters of holding therapy said preserving it is essential for reaching children who don't respond to conventional treatments.

"I am sure, that for me, it would have happened at some point, but I am confident it wouldn't have happened in the time that it did or that I would be where I am today without this therapy," Murdock said. "I was so in my head that I didn't know where my heart was. In order for me to heal, I had to go through some pain again, accept it and let it out, instead of just trying to think about it and analyze it and talk about it. That wasn't getting me anywhere."

"I know also, that where there is a lot of pain, there can be a lot of joy," Murdock said. "I think that my ability to experience love and joy has been magnified because of the emotional pain I have been through."