

Introduction to the Special Issue: Part 2

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The impetus for these two issues of the *APSAC Advisor* has been building for a number of years. The death of Candace Newmaker, the child murdered by her therapists in Colorado two years ago (King, 2000), certainly created the need for a response to coercive therapy tactics from child mental health professionals. However, as Part I of this special issue was being prepared, another child, who was being seen at an attachment center in Utah, was killed (Broughton, 2002).

The fact that two children have died in two years demands an immediate and powerful statement: "Holding therapy" and its permutations are not therapeutic, can be thought of only as punishing, and must never be used.

Death of a Child in Utah

According to the *Salt Lake Tribune*, Cassandra Killpack, a 4-year-old girl, was killed on June 10 because her adoptive parents had allegedly forced her to drink a fatal amount of water (Broughton, 2002). Cassandra and her parents were being seen at a holding therapy center in Utah. According to the newspaper report, the Killpacks allege that the center suggested the forced water drinking as an aversive response to Cassandra's habit of sneaking food and water in their home.

As was illustrated by Speltz (2002) in the first part of this special issue, holding therapy includes many coercive components. In fact, "commanding respect" appears to be a central component of attachment therapy (Thomas, 2000, p. 85). Holding therapy is a coercive and massively insensitive treatment that positions the child as the source of the problem. Professionals who utilize such approaches are modeling the appropriateness of coercion to the therapy-naïve parents using their services. One does not need to know much social learning theory to realize that modeling is a very powerful instructor, and it "licenses" parents to act in kind.

Severely Maltreated Children Present Huge Challenges to Parents

We do not have proven treatments for children who are profoundly disturbed. Thus, it is no surprise that attachment centers exist and parents turn in desperation to punitive therapies. We typically assume that adoptive parents are well meaning and loving. When an adopted child seemingly ignores their love, it can seem evident that love has not worked and something else—some extreme remedy—is needed.

The number of children who have died or been severely maltreated from practices related to holding therapy is unknown. However, even one death is too many. It should also be noted that holding therapy received the lowest rating given in the recently published therapy guidelines from the U.S. Department of Justice's Office for Victims of Crime (Saunders, Berliner, & Hanson, 2001). It was the only treatment method reviewed that was assigned a rating suggesting that it was a "concerning" intervention. The rating was given prior to Candace Newmaker's death, and I have no doubt that fu-

ture editions of the guidelines will rate holding therapy as inappropriate and dangerous.

We cannot stand by and let more children be abused by this treatment. Professional organizations must take a stand. In fact, the U.S. House of Congress recently enacted a resolution named after Candace Newmaker. It spoke out strongly against this treatment and encouraged every state to issue laws preventing such treatment from taking place (H. Con. Res. 435).

Orientation to Part II

This issue contains four brief articles, with the first by eminent attachment researchers from the University of Minnesota. Doctors L. Alan Sroufe and Martha F. Erickson responded to a series of questions developed by Lucy Berliner, Matthew Speltz, and myself.

Next is an important statement from Rosalyn Oreskovich, assistant secretary of the Children's Administration with the Washington State Department of Social and Health Services. Ms. Oreskovich includes a directive that was issued in Washington State in response to the use of holding therapy.

Lucy Berliner then focuses on the question of why parents resort to coercive approaches and, quite justifiably, criticizes the individual and nondirective techniques used by mainstream mental health professionals.

Finally, I present an article discussing factors that interfere with the adoption of severely maltreated children. In addition to identifying these points of breakdown, I provide some guidance to clinicians who work with such families. My hope is that other, less harmful, interventions can be utilized with these often very troubled children.

References

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