

COMMENTS FROM A CHILD WELFARE ADMINISTRATOR

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As we can see from this series about "rage reduction," it is understandable why child welfare workers and foster parents who work with children with extreme needs are susceptible to trying new treatments. This is particularly true when no treatments have proven to be successful when dealing with children with extreme needs.

In my experience, child welfare workers should be wary of individuals offering treatments that sound too good to be true. The use in the community of free lectures that feature clients sharing their stories and claiming success in order to sell the public on new treatments should raise red flags for social workers.

Child welfare administrators are responsible for giving their staff clear direction, prohibiting the use of such treatments. For example, the following was issued in Washington State:



"It has come to my attention that we have paid by Exception to Policy or contract for a treatment called Holding Therapy or Rage Reduction Therapy. This is a highly controversial form of treatment.

It has further come to my attention that a child has died from this type of treatment in another state. Also, from our exploration with the University of Washington and other professionals on this subject, there is no consensus of the efficacy of such treatment.

Effective immediately no such treatment should be authorized or paid for without **prior** approval by the Office of the Assistant Secretary. If a social worker and family believe this is the only way to treat a child they should submit a detailed request with justification and support for the treatment. I will review and consider any requests but I want you to know that I am generally not inclined to approve such treatment."



You can count on the provider of this therapy to threaten to sue for libel and restraint of trade. For that reason, I believe your legal counsel needs to review any directive you issue. In addition, a considerable effort should be made to educate social workers and foster parents about the problems described in this therapy, and you should enlist your provider community to offer alternative treatments and support to the individuals who think they finally have an answer.

We have an obligation to help our social work staff and foster parents become much more discriminating and sophisticated consumers of treatment. The Child Welfare League of America (CWLA) and many academicians and practitioners continue to make great strides in moving research to practice, and this is an idea we must embrace.