



Therapeutic Respite

A Viable Treatment Option

By Beth Powell

It really does take a whole community to help raise a child from a “hard” place, and the caregivers raising these children need all the support they can get so that their forever home really can be forever. Psychiatric hospitals can give severely hurting children temporary medical stabilization and residential treatment stays for these kids can give parents a much-needed break and perhaps can even give children the structure, temporarily anyway, that they need. However, neither afore-mentioned setting can teach children to trust, nor to feel safe with the family who calls them their own, and neither setting can help the family who raises them sufficiently become the healing family that their child needs. What follows is a short synopsis of a particularly effective, yet simple, therapeutic respite approach than has evolved through practice and good intention at In-Family Services in Texas.

The Case for Therapeutic Respite

1. It is the most cost-time effective of the existing out-of-home treatment options. The therapist is the child’s therapist, the family’s therapist, the program designer and coordinator, the mediator, the respite trainer, the supervisor and the social worker. Because one person wears more than one hat, costs for the family are as minimal as they possibly can be; and much less time and money should be spent in facilitating communication and negotiating agreements between the adult parties involved to ensure that the program is flowing and evolving to meet the emerging needs and issues that naturally arise in any human, joint endeavor.
2. Treatment plans are ever-evolving and custom-designed, created in a systems approach manner, to fit the needs of the child-in-family and to clarify participants’ roles in the overall healing process of child and family. An initial treatment plan, which is modified as needed, is created to correct the agreed-upon issues after the head of the treatment team, the therapist/social worker, has evaluated the situation and decided that therapeutic respite with a plan to return the child home or perhaps

even to re-home the child is the ultimate goal. A written initial contract, subject to continued updates, mediation and/or arbitration between the parties involved (adoptive parents, therapeutic respite provider, child-in-treatment and therapist/social worker) empowers the parties to move toward a positive, yet effective therapeutic resolution. Because participants have a voice in identifying and agreeing to their roles in the treatment process, success is “owned” and further assured. Also, with evolving agreements, updated weekly as new needs arise, confusion and miscommunication is minimized and treatment plans can better meet the emerging needs of all involved.

3. “Forever” family involvement is essential. This piece is imperative. The permanent family must work to heal their own hurts to provide a healthy environment for the child to return to and work to become the therapeutic, healing family that the child-in-treatment needs. If the plan is to re-home the child, the in-coming permanent-to-be family must be prepared for what their role is as the “new” therapeutic, post-respite home. Depending on the goal, the permanent family must work with the respite provider and the therapist/social worker to ensure the child’s success.
4. There is a basic recipe to follow in the selection and pairing of permanent families and respite providers, as well as a basic structure to adhere to in the facilitation of the program:
 - a. Initial and on-going effective communication between all adult parties is essential. This is the first and most important element. Hurt feelings and misunderstandings can lead to the failure of the therapeutic respite program if this element isn’t adequately monitored and facilitated by the head of the treatment team.
 - b. “Adult” permanent caregivers and respite providers must be commit-

ted. The adults involved have to act like grownups: They have to say what they mean and mean what they say. The common goal is a successful future for the child in care, not the preservation of an adult's ego.

c. There must be intense training, counseling and supervision for the adult caregivers and respite providers. This piece is initial and ongoing. Of course, there should be pre-training, but training, counseling and supervision are continuous throughout the process. We expect adult "buttons" to be pushed, but the expectation is also that the adults are big enough to ask for help and receive it when it is offered.

d. A defined eligibility process with non-negotiable criteria for selecting respite providers and permanent families with hurting children is mandatory. In no way should a potential respite provider have a prevailing ulterior motive for providing respite such as financial gain or having a companion for their birth child. Neither should permanent families be unrealistic regarding their therapeutic desires for their child such as wanting the child to be grateful because she was "rescued" by them or wanting the perfect child. Another disqualifying characteristic would be the family that just lacks the integrity, motivation or compassion to be in such a wholistic healing program or just who is never going to be the healing parent that this child needs for a variety of other reasons. As well, respite providers must be in some way, certified for the job they are being called upon to do.

e. Matching respite settings and providers with the right permanent families with hurting children may not be easy but compatibility is everything. This is the only element that should be as close to "perfect" as possible. Good matches are essential. First, the permanent family and respite provider have to like each other. Second, the setting must be appropriate. For example, if a female teenager is going into respite for sexually acting out, then a respite home with a handsome 19-year-old boy just isn't going to work. Another example: Baptist permanent families aren't going to fare well with atheist respite providers.

f. Last but not least, flexibility and patience of all adult parties and "faith" that "a much higher party" is at work here to make all things right and good cannot be understated.

So, don't forget about positive prayer. It really can change things — most of all one's mind. Another essential component I've noticed that needs to be addressed in all the therapeutic respites I've facilitated is the element of "forgiveness." And that process always starts with the asking of help of a higher kind to initiate that process.

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In-Family Services is owned and operated by **Beth Powell, LCSW**, a licensed clinical social worker supervisor, psychotherapist, neuro-behavioral educator and certified Texas teacher with more than 25 years of experience helping adults, teens and children "build their brains, better their bonds and brighten their attitudes."



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