



**CURRICULUM
FOR THE
DEVELOPMENT OF A THERAPEUTIC MODEL**

A Research-Informed and Evidence-Based Model

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INTRODUCTION

This document outlines the areas of a workplace curriculum (Billett, 2005) for the development of therapeutic models in organizations. The curriculum is designed as an active, learning and development process. Its aim is to significantly improve outcomes for the service users, organization and all stakeholders. This is achieved through the change process, which is model development. It can also be used through a mentoring process to help professionals develop their understanding of Therapeutic Models.

This curriculum is an example of an approach that has found to be an effective way of creating 'whole-system' therapeutic models. Different approaches can be designed for specific organizational needs.

The Curriculum is in 3 Parts - **1) Leadership and Management, 2) Organizational Culture, 3) Practice.** There are 22 sections under the 3 parts. The curriculum can be adapted according to the needs of the organization. It is used to guide to the model development process.

- ✓ Working through the curriculum provides an opportunity of learning and development for everyone involved.
- ✓ By working through the curriculum, the organization creates and has ownership of its own unique model, underpinned by research-informed and evidence-based theories.
- ✓ It usually takes one year to work through the curriculum and produce a therapeutic model written in a document.
- ✓ The model is then ready for the process of implementation.

This is a short version outlining the curriculum. The full curriculum explains in detail what is involved in each of the 22 sections. For example, see Appendix, which explains Sections 2.1, 3.2 and the tasks involved.

Note: The words child and children also refer to a young person and young people.

PART 1 - LEADERSHIP AND MANAGEMENT

1.1 THE PRIMARY TASK

1.2 THE ORGANIZATION'S VISION AND CULTURE

1.3 LEADERSHIP

1.4 THE LANGUAGE OF THE ORGANIZATION

1.5 BOUNDARY MANAGEMENT

1.6 TRAUMA RE-ENACTMENT AND ITS IMPACT ON THE ORGANIZATION

1.7 INDEPENDENT CONSULTANCY AND MONITORING

1.8 DEMANDS OF THE WORK AND STAFF SUPPORT

1.9 MANAGING CHANGE

PART 2 - ORGANIZATIONAL CULTURE

2.1 THE IMPORTANCE OF BOUNDARIES (see Appendix example)

2.2 THE RELATIONSHIP BETWEEN THE ORGANIZATION AND THERAPEUTIC TASK

2.3 THE NATURE OF AUTHORITY

2.4 THE ORGANIZATION AND COMMUNITY

2.5 CREATING A SENSE OF COMMUNITY

2.6 ORGANIZATION AS 'FAMILY'

2.7 GROUP PROCESSES

PART 3 - PRACTICE

3.1 OUTCOMES

3.2 THE IMPORTANCE OF THEORY (see Appendix example)

3.3 THE THERAPEUTIC APPROACH

This section will be extensive and will include how the following (this is not a complete list as there may be other areas to add)

- How relationships will be developed between staff and children, and between children
- How children's need for nurture will be met
- How appropriate boundaries will be established and how challenges to boundaries will be addressed
- How crisis and critical incidents will be worked with
- How children's learning and education will be encouraged and supported
- How daily routines will be approached
- How children's cultural and religious needs will be met
- How issues related to traumatic events in the children's past will be worked with
- How Individual Care Plans will be developed
- How issues related to children's sexuality will be worked with
- How children's interests and skills will be developed (including links with the local community)
- How children's relationships with their families will be supported and developed
- How plans will be made for children's transition when they leave, how they will be supported during the transition and afterward
- Clarify in detail how the whole organization will be related to the therapeutic task
- Clarify a clear referral procedure to assess children and their suitability for the service

3.4 CHILD SAFETY

3.5 THE 'HOME' MEETING

3.6 PROMOTING RESPONSIBLE CHILDREN (EMPOWERMENT PROCESSES)

APPENDIX

3.3 THE THERAPEUTIC APPROACH

Interventions that work are rarely simple, inexpensive, or easy to implement. (Shonkoff and Phillips, 2000, p.10)

Designing appropriate, individualized interventions for young children who are displaying early deficits in organizational, planning, and attention related capacities depends on understanding the processes that underlie their development and manifestation. (*ibid*, p.119)

Fahlberg (1990, p.51) emphasized the importance of a theoretical base to therapeutic care,

"The most important task of treatment must be clearly and succinctly stated. Specific problems and dynamics vary from child to child, but a philosophy of treatment must clearly identify the category of problems that are most essential for the programme to confront if successful treatment is to occur."

Without a clearly defined approach underpinned by validated theory, it is difficult for staff to be trained to a level that enables them to provide consistent, coherent and appropriate care.

It is crucial in the therapeutic care of traumatized children that the whole organization and every activity within it are aligned to the therapeutic task. For this to happen there must be a theory of 'true' child development, of trauma and the impact it has on true development and of organizational systems and dynamics. In addition, these theories need to be compatible so that they complement each other, and the nature of the organization enhances and supports the individual work and attachments that take place within it.

Confirming the importance of this, Canham (1998, p.69) argued, "...the whole way the organization functions is the basis for the possibility of an introjective identification." In other words, the children will internalize not only the relationships they are most directly involved with but also the way the whole organization functions.

The first step is the referral process, where the child's worker identifies the potentially suitable placement. For this stage to be effective there needs to be clarity about the nature of the child's needs and the therapeutic service being offered. Any confusion at this point can cause great difficulties once the placement has started.

Tasks

- Define the therapeutic approach in detail and the relevant theory
- Clarify how the therapeutic approach will be applied to achieve the desired outcomes

This section will be extensive and will include how the following (this is not a complete list as there may be other areas to add)

- How relationships will be developed between staff and children, and between children
- How children's need for nurture will be met
- How appropriate boundaries will be established and how challenges to boundaries will be addressed
- How crisis and critical incidents will be worked with
- How children's learning and education will be encouraged and supported
- How daily routines will be approached
- How children's cultural and religious needs will be met
- How issues related to traumatic events in the children's past will be worked with
- How Individual Care Plans will be developed
- How issues related to children's sexuality will be worked with
- How children's interests and skills will be developed (including links with the local community)
- How children's relationships with their families will be supported and developed

- How plans will be made for children's transition when they leave, how they will be supported during the transition and afterward
- Clarify in detail how the whole organization will be related to the therapeutic task
- Clarify a clear referral procedure to assess children and their suitability for the service

3.2 THE IMPORTANCE OF THEORY

A 'trauma-informed' approach is best suited to organizations that provide therapeutic care for traumatized children. This approach is evidence-informed and influences all aspects of the work:

- the work with individual children;
- the work in groups;
- the way we organize the home environment and daily routine;
- the way we run our organization and work together;
- and our relationship with the wider community.

Bloom (2005, p.67) defined a trauma-informed organization as one, “.....that heals from its own past history of chronic stress and trauma and rejects the notion of inevitable crisis is an organization that is able to contain the emotional turmoil so characteristic of working of working with traumatized individuals without becoming “trauma-organized” itself.”

Tomlinson (2004, p.17) argued, “There is not a simple solution to recovery from trauma. It cannot be prescribed but needs an environment where it is safe to think about the trauma, experience feelings about it and make reliable provision to heal it. This type of environment has been referred to as a 'holding environment'.”

Children need a secure environment, where they know what to expect and what is expected of them (Perry and Szalavitz, 2006). In the same way, a theory can provide a consistent way of doing things which enables a team of people from different backgrounds and experiences, to work together. In this sense, the theory can provide a form of containment, which helps professionals to think about their work, especially when things become overwhelming and difficult to make sense of.

Bloom (2005, p.56) pointed out the potential risks where there is not a clear and consistent theoretical approach, “The staff often work at cross-purposes without even recognising that their conflicts are due to conflicts in basic theoretical models and instead attribute the problems to the resistance of the children or personality conflicts among the staff.”

Emphasizing the need for a trauma-informed approach she (*ibid*) advises that, “An approach to childcare that takes into account the impact of overwhelming stress on child development is particularly important since it has been established that a large proportion of a residential treatment population have a history of exposure to violence, abuse and neglect.”

A trauma-informed approach will include different theoretical perspectives. Kezelman and Stavropoulos (2012, p.76) argue the benefit of this, “While effective treatment of complex

trauma needs to address several key dimensions (i.e. irrespective of the particular approach used) the current literature also advises of the need for knowledge of more than one modality.”

Theories from the following fields are particularly useful - others may be added.

- ✓ Child Development
- ✓ Attachment
- ✓ Neuroscience
- ✓ Trauma
- ✓ Loss and Grief
- ✓ Psychodynamic
- ✓ Systems

Tasks

- Develop a theoretical framework that is research and evidence-informed, including relevant articles, papers and books

References

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