FAMILY UNIFICATION
FROM ADMISSION TO DISCHARGE AND FOLLOW-UP

5th Annual Conference on Best Practices and Guidelines for Nonpublic Special Education Programs 2011

Dr. Robert H. Gemmill, D.S.W.
15 November 2011—1:15 to 2:30
Session Number 10
ORGANIZATION OF PRESENTATION

1. Fears of children
2. Fears of adults
3. Assessment for home unification
4. Assessment of the foster placement experience
5. Assessment of adoption
6. Assessment of attachment problems and reactive attachment
7. Learning, storing and recalling information
8. Axis I,II and III interference with home unification
9. Discussing home unification: for and against male and female
10. Treatment plans or interventions
11. Discharge plans
12. Follow-up after discharge or aftercare
FEARS OF CHILDREN
FEARS OF ADULTS
FLYING
FOOD
DOGS
RODENTS
CLOWNS
THE ECONOMY
HOSPITAL ADMISSION
TREATMENT IN THE HOSPITAL
ASSESSMENT FOR HOME UNIFICATION:
ADMISSION, DISCHARGE AND FOLLOW-UP

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ASSESSMENT DRIVES TREATMENT:
AVOID BEING SEDUCED BY THE DARK SIDE

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TRACK DOWN ALL THE TRAIN CARS
A DEVELOPMENTAL APPROACH TO UNDERSTANDING THE PROGRESSION OF SYMPTOMS AND PREDISPOSING FACTORS
ASSESSMENTS

• Parent’s bonding strength.
• Parent’s level of exhaustion (CPR).
• Parent’s list of required home behaviors.
• Parent’s lack of information or incorrect information (none, poor or really bad—a game changer).
• Sibling’s level of support.
• Grandparents level of support.
• The second family (Book by Dr. Ron Taffel).
• Medical problems of youth.
• Attachment to home or parents.
• Male-female language structure (You Just Don’t Understand: Women and Men in Conversation by Deborah Tannen).

• Adolescent behavior confirmation (get out of jail card).

• Teenage brain (topic of extensive discussion and articles, such as National Geographic, October 2011 entitled “Beautiful Brains”).
  1. Wiring upgrades.
  2. Synaptic pruning.
  3. Maturation continues into adulthood.
  4. Impulsive.
  5. Inconsistent behavior.
6. Slow and uneven development.
7. Exquisitely sensitive.
8. Highly adaptable.
9. “Wired almost perfectly for the job of moving from the safety of home into the complicated world outside”.
10. Troubled traits do not characterize adolescence, they simply annoy us.
11. Adolescence is a highly functional and adaptive period.
“In scientific terms, teenagers can be a pain in the ass. But they are quite possibly the most fully, crucially adaptive human being around”
Page 54 National Geographic, October 2011.
ASSESSMENT OF THE FOSTER PLACEMENT EXPERIENCE ON THE YOUTH AND THE FAMILY

“I have learned never to trust again”
ASSESSMENT OF ADOPTION: SOME BOOKS ON THE SUBJECT

• Twenty Things Adopted Kids Wish Their Adoptive Parents Knew by Sherrie Eldridge.

• Primal Wound: Understanding the Adopted Child by Nancy Newton Verrier.

• A Child’s Journey Through Placement by Vera I. Fahlberg.

• Example: “Being adopted is abnormal”.
ASSESSMENT OF ATTACHMENT PROBLEMS AND REACTIVE ATTACHMENT

Books on the Subject

• **Attachment**: John Bowlby.
• **Separation: Anxiety and Anger** by John Bowlby.
• **Loss: Sadness and Depression** by John Bowlby.
• **The Making and Breaking of Affectional Bonds** by John Bowlby.
• **A Secure Base: Clinical Applications of Attachment Therapy** by John Bowlby.
• **Handbook for Treatment of Attachment-Trauma Problems in Children** by Beverly James.
• Creating Capacity for Attachment by Becker-Weidman and Deborah Shell.

• Attachment Disorders: Treatment Strategies for Traumatized Children by Catherine Cain.

• Attachment in Adulthood: Structure, Dynamics and Change by Mario Mikulincer and Phillip R. Shaver.

• The Developing Mind: How Relationships and The Brain Interact to Shape Who We Are by Daniel J. Siegel.
• *The Psychological Birth of the Human Infant* by Mahler, Pine and Bergman.

• *Self and Others: Object Relations Theory in Practice* by Gregory Hamilton.

• *Affect Regulation, Mentalization and the Development of the Self* by Fonagy, Gergely, Jurist and Target.

• *Traumatic Relationships and Serious Mental Disorders* by Jon G. Allen.
The Way Individuals Learn, Store, & Recall Information
AXIS I, II AND III DIAGNOSES THAT CAN INTERFERE WITH HOME UNIFICATION WHICH NEED TO BE ASSESSED AND THEN MANAGED OR RESOLVED
• Substance usage.
• Oppositional disorder.
• Depression and mood disorder.
• Posttraumatic stress disorder.
• ADHD (Executive functioning skills).
• Anxiety Disorder.
• Schizophrenia.
• Developmental disorders.
• Trauma.
• Eating Disorders.
• Cognitive abilities.
• Reactive Attachment Disorder.
• Borderline personality traits.
FEMALE AND MALE STUDENTS DISCUSS
HOME UNIFICATION: FOR AND AGAINST

Their comments can contribute to a treatment plan which addresses some specifics of home unification and follow-up topics.
WHAT FEMALE STUDENTS SAID ABOUT WANTING TO RETURN HOME

• I miss my mother, father and siblings.
• I’m trying to work my program to the best of my ability.
• I have learned my lesson from my past behaviors.
• I can actually do home finally.
• I can teach my siblings what I have learned.
• I can live the life I should have lived.
• I want to go to college at home.
• I want to get a job.
• I want to wear my own clothes.
• I want to make new friends.
• I miss my family and pets.
• It is better at home.
• I need to work on myself at home.
• I want to travel with my family.
• I can go to a normal school.
• I can get my stuff.
• I will have freedom.
• I want to be with my horse.
• I want to repair bad relationships.
• I want to sleep in my own bed.
• I want to see different people each day.
• I want pizza night and to go to Disneyland.
• I want to take care of my child.
• I want to participate in tribal activities.
• I want to open up my own business.
• I want to show my brother that I can do better.
• I want to show my family that I deserve to go home. I love my family.
WHAT FEMALE STUDENTS SAID ABOUT NOT WANTING TO RETURN HOME

• I need to finish my high school program first or I will never do it.
• I still feel like living down things in the past, so I cannot go home yet.
• My parents are afraid I would hurt them again physically and mentally.
• I do not want to get involved with gangs and drugs.
• I do not currently know what to do with my life.
• I am afraid that I will relapse.
• I am afraid that I cannot achieve my dreams at home.
• I am afraid I will get back into sexual activity again.
• I will act the same at home as I did before.
• I am comfortable here.
• I treated my parents horribly.
• My parents hate me.
• I hate my parents.
• Dad is ok, but my stepmother is not, we hate each other.
• I do not want to deal with my mother.
• I do not want to hear my mother calling me a *&# liar.
• I do not want to see my family fighting all the time.
• I do not want my siblings to try to have sex with me.
• I do not want my dad to touch me again and I do not believe he will really stop.
WHAT MALE STUDENTS SAID ABOUT WANTING TO RETURN HOME

• I want to be with my family and support my little brother.
• I want to be with my girlfriend (you know what I mean?).
• I want to sleep in my own bed.
• I want my T.V. and video games back.
• I want to talk to girls.
• I want to go to my senior dance.
• I want to get my driver’s license.
• I want to have a family with my girlfriend.
• I want to have a relationship with my step-dad.
• I want to fulfill my father’s dream of making it into the U.S. Marines.
• I want to do drugs and hang out with my homeboys.
• I want freedom.
• I want to live with my girlfriend.
• I want to show people that I have really changed.
• I want T.V., movies and my games.
• I do not want people telling me what to do.
• I want my own room and be messy.
• I want to drink coffee and etc.
• I want to listen to my music all the time.
• I want to get a career and a car.
• I want to restart my life.
WHAT MALE STUDENT SAID ABOUT NOT WANTING TO RETURN HOME

• They have abused me in the past.
• There will be fights with my family.
• I have not really lived with them for 8 years, so why now?
• They put me in the system because I reported their abuse to the authorities.
• I would be around a lot of drugs.
• I will get into fights.
• I could hurt my friends.
• I am mad at my parents and want to hurt them for sending me here, so I do not want to go home because it will hurt them if I stay here.
• My parents do not trust me and monitor what I read and see.
• My parents want to know all my friends.
• I have to kiss ass to go anywhere.
• I hate rules.
• My mother has control issues. My dad is angry and I am angry.
• My dad expects my forgiveness, Mom expects me to be perfect, but she does not even know me.
• I am interested in drugs, drugs, drugs and drugs.
• I am interested in gangs.
• The old lady across the street hates my whole family and me.
• I want control and I do not trust.
• I simply do not want to go home.
• I have to work on my problems before I go home. I have a lot of work.
• My dad is a drunk and he beats me.
• I do not want to live with my mother.
• I will not deal with rules.
• I will go to jail if I go home.
• I will probably die or be seriously injured.
• I hate school and the rules there. I bet court is waiting for me.
• There are rival gangs and I have enemies.
• I am still depressed.
• I will end up hating my family.
• I want to live with someone other than my parents and in a different city.
TREATMENT PLANS OR INTERVENTIONS
TREATMENT PLANS

• Family unification incorporated in treatment planning.
• Individualized treatment implemented (The professor and his driver story).
• Separate individual treatment plan for home unification.
• Family issues to address/resolve.
• Use therapy packets (keep the topic of home unification on the table).
• Family unification incorporated into treatment groups (adoption groups, positive peer culture, horsemanship, art class, DBT, mentalization group, sexual addiction group, substance abuse group, etc).
TREATMENT PLANS

• Home unification incorporated into 35 components of the after-care-plan for each home visit.
• Discussion of each home visit and what went well and what needs work (shake out the bugs).
• Home unification discussed on home therapy calls.
• Home unification discussed during family week-end visits with family members.
DISCHARGE PLANS: LEAVE NO STONE UNTURNED
DISCHARGE

• Know your youth and family well and their needs.
• Discharge plan for each home visit.
• Address assessment information.
• Get parents on board.
• Develop discharge plan while still admitted and work on document.
• Take into account the community.
• Take into account community resources.
• Take in account agency resources.
• Take into account federal resources.
FOLLOW-UP AFTER DISCHARGE OR AFTERCARE

• Therapist and selected staff members call discharged youth.
• Call parents and inquire about progress and needs.
• Expect the parents to call staff.
• Determine effectiveness of the discharge plan and if it is being implemented.
• Provide documentation, if needed, for home resources.
THANK YOU FOR ATTENDING THIS PRESENTATION, I HOPE THAT IT WAS HELPFUL FOR YOU