

Colorado Health Networks Position Paper On Holding Therapy

Holding Therapy has been defined to encompass several therapeutic interventions for treating “attachment disordered children.” “Coercive holding” (1) is described as one or more adults using:

- prolonged restraint other than for the protection of the child;
- prolonged noxious stimulation, (i.e., poking, tickling, pulling toes, continuous moving of the child’s head from side to side, laying on the child, cajoling and ridiculing, etc.)
- interference with bodily functions, such as vision and breathing

Alarming, at times the most extreme techniques are described as being appropriate for those who are actively psychotic. It appears that practitioners of this method believe that, during the holding, a kind of clinical “breakthrough” occurs which breaks down a child’s “wall of resistance” to attaching to adults, after which they are more able to trust them and make themselves more appropriately vulnerable and emotionally revealing. Our belief is that any technique which relies on increasing a child’s fear, terror, or rage can re-traumatize the child, damage the clinical relationship and reinforce the belief a child may hold that adults cannot be trusted to provide protection. In 2001, Candace’s law was passed in Colorado following a child’s death in a re-birthing intervention making such holding illegal.

A less “coercive” method of holding therapy is described as the “Holding Nurturing Process” (2)(6), which espouses:

- teaching self-regulation
- providing necessary structure, and
- facilitating corrective experiences

To their credit, proponents of this method express concerns and contradictions regarding staff training, client selection, counter transference and other “safeguards.” They also underscore that “HNP is not a method or technique – it is a relationship context in which other methods are employed (e.g., cognitive re-scripting, teaching “pro-social coping skills.)” HNP literature also warns against establishing a relationship of coercion and compliance, characteristic of prior unhealthy attachment relationships. The technique encourages an “in arms” experience that is said to promote “secure attachment behavior.” An “infant-nurturing position” on a sofa is employed during which eye contact, nurturing and safe touch, gentle movement, stimulation and soothing occurs. The literature goes on to identify the different mechanisms which are affected by HNP, such as reduction of the effects of the severe and chronic “stress response” associated with maltreatment and the fulfillment of mother-baby attachment-oriented needs.

Still, both of these techniques rely on a calculated loosening of the physical “boundary” between therapist and child as an acceptable standard of treatment.

Research as to the efficacy of “Coercive Holding” is anecdotal in nature and absent of legitimate scientific investigation. In addition, many practitioners of the technique are untrained and may be in dual relationships with the child, (i.e., foster parents). Research regarding HNP is sparse. However, current literature suggests that its focus on a more nurturing, supportive experience would be more in line with traditional treatments of attachment disordered youth, which occurs through the development of client-therapist trust over time.

Certainly there are situations during which physical contact or restraints are in order. As a general rule these involve potential damage to property or harm to self or others. The distinction is that these are protective actions which are not specifically identified in treatment planning as therapeutic goals for enhancing or facilitating therapeutic improvement.

After careful consideration, due to the clinical concerns identified above, the Clinical Advisory/Utilization Management Committee of Colorado Health Networks **does not** endorse Holding Therapy as an approved treatment technique.

Bibliography

1. James, Beverly (1994). *Handbook for Treatment of Attachment-Trauma Problems in Children*. New York: The Free Press.
2. Evergreen Consultants in Human Behavior, LLC. Undated. *Holding Nurturing Process*. Evergreen Colorado.
3. “When Children Don’t Bond with Parents”. www.apa.org/monitor web page of the American Psychological Association.
4. “Behavior Change as Reported by Caregivers of Children Receiving Holding Therapy.” Virginia S. Lester M.A., LSW, Attachment Clinician and Researcher. Beech Brook, Cleveland, Ohio.
5. “The Feldenkraid Method and Attachment Disorder.” Linda Flanders and Dorothy Halla-Poe Ms. www.taproot-inc.com web page.
6. Levy, Terry M. and Orlans, Michael (1998). *Attachment, Trauma, and Healing: Understanding and Treating Attachment Disorder in Children and Families*. Washington D.C.: CWLA Press.