Using the Simple Interactions Tool in Milieu Therapy in Denmark

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28. oktober 2024

This article is about the use of the Simple Interactions Tool in a particular context: Milieu-treatment in a Danish treatment facility. First, this context is presented, with a main focus on some of the main features of this particular form of treatment. This description has been formulated to make clear the challenge the Staff faces in working with the children, as well as the self-training they need to undergo to be able to respond in a treatment-conducive way.

The SI-tool was used and found very useful in the training of these professionals, many of whom come into this work with a very general experience and background in working with children. To succeed, most of them will need to discover and develop the precise understanding of important elements of interpersonal interactions we often miss. The SI-tool creates an explicit focus on these, and gives a precise picture of what is important in the daily encounters with the children in treatment.

Milieu-treatment of children in Denmark

Denmark has a rich tradition of residential treatment for children with severe affective, relational, and behavioral problems. Some of these foster homes and treatment facilities use a specialized form of "Milieu-treatment", where daily living and an array of treatment interventions are integrated. In the background are both theoretical and clinical traditions that have guided the development of the day-to-day treatment.

One of these institutions is "Nebs Møllegård" (sorry about the special Scandinavian letters in the name - and don't worry about pronunciation!), whose work is the background for this article. Founded as a children's institution in 1949, at that time accepting children with severe autism, it underwent big changes through the seventies. The method was developed and became more and more directed to children with Reactive Attachment difficulties and similar conditions. This change happened with the integration of the seminal ideas of Fritz Redl (1951,1965), as well as the psychoanalytical theories of Winnicott (1964), Bruno Bettelheim (1950, 1965) and Melanie Klein (Rustin & Ruston, 2016).

The last decade has also brought new understandings that have become integrated in the clinical approach. In particular the developmental psychology of attachment theory and mentalization (Fonagy et. al., 2002) are now central strands in the way the children are understood and treated today. An often-used way to describe the treatment philosophy guiding practice today is to point out that the main treatment can be described along two dimensions: The dimension of structure and the dimension of relating.

The Dimension of Structure

Most of the children placed in treatment come from a very chaotic life, perhaps from disrupted families or parents struggling to take care of the children. Their behavioral patterns have become set in chaotic patterns, and tend to further intensify the chaos. The way they relate to other children and adults around them can be very disrupted and disruptive. Creating a sense of reliability, trustworthiness and predictability is of tremendous importance. A day to day stability of "when, where, why and with whom" lays the groundwork for developing regulation. First, as an externally directed regulation, then, gradually, internally

as "self-regulation". Most placed children find comfort and security in this. Some rebel, and the structure has to be negotiated: neither too slack nor too rigid, so that the child can find a comfortable fit while securing the possibility of development.

Rules, responsibilities, and agreements that regulate community living are also considered part of the basic structure. As is going to school - or taking part in some sort of structured learning - if "School" has become too strongly associated with dread and trauma. A fair share of the individual structure is the same for most in the corresponding age group, but the individual needs and difficulties of each child must be taken into account. To treat children equitably, they must be treated differently!
Of course, the basic expectation is that the child accepts the framework and the rules. However, small or even large breaches are almost unavoidable, where the child willfully or accidentally steps outside of the structure. That is in-and-of-itself, not really a problem. It is taken into an exploration of the broken agreement: “Is there something new to understand in this?”. The subsequent negotiation and repair is often the time when a lot of changes occur for the child.

Creating a viable structure takes a good understanding of development in general, as well as of the individual child. To the child, the structure starts as part of a new external world that it is to be learned. Part of the therapeutic work is to help the child transfer the external structure to an internal ability to regulate attention, behavior, and affect. It is a central task for the staff to spend time conveying the structure to the child, and to have the necessary dialogue about the reasons behind their questions ("Why do I have to go to school?"; "Why can't I stay up all night playing games on my computer?"; "Who will follow me to the dentist?"). There is a lot of focus on the child's understanding of, and the answers to, the following practical and concrete questions: Time? Place? Task? rRelation?

The external structure is thought to transfer as an internal structure "in the child's mind” and contribute to the ability to regulate oneself. Every day - or at least as long as this is not self-evident for the child - the Milieu therapists will talk to the child about what's going on, where things will be happening, when, and together with whom. And finally, what is the task the child is given for that activity? This should never be a dull routine, but at least it should be clear in the child’s mind what to expect in the foreseeable future - and what is expected of them. Most of the children in treatment, with the difficulties they have, will actively seek the answers to these questions because it reduces the anxiety that typically looms in the background of their minds. Talking about these things should give the child more ease and calm.

The Dimension of Relating

Milieu-therapists have to be able to enter into very close relationships with the children they treat. In that, they must be professional AND personal - but not private. The child has to accept them as (substitute) caregivers - and therapists. But trust and “turn taking” is often a damaged aspect of the children in treatment. The professionals must tolerate a lot of conflict in the continued attempt to get behind the children’s defensive reactivity. The children have to learn - or reestablish - how to be part of a safe relationship with an adult - or any person - and let their guard down.

How to act in a peer group is also a typical difficulty for the children in treatment. They can be insecure, but they can also be so strongly driven by the need for control, dominance, and hierarchy that they end up in constant conflict. The Milieu-therapists must take on the role of introducing reflection, negotiation, fairness, and self-worth in the peer groups of the children.

Working with children with massive difficulties and being able to consistently respond functionally (and not emotionally) so as to further the children's self-regulation, understanding, and development requires

particular and deep qualifications. Few pedagogues, teachers, or social workers that are recruited from outside this work already master these skills. Typically, they have taught in normal schools and/or have worked in childcare in general. Some have a talent and are intuitively capable of the robust mentalization and empathy that is necessary, but for many working with children with attachment disorder is a baffling experience. Their already established role-repertoire and sensibilities do not prepare them to deal with the extent of rejection, conflict, opposition, rude language, and other expressions of the children's desperate state of mind. It has been deemed necessary to have an extensive internal training and education pertinent to the basic tasks of the Milieu-therapist. Nebs Møllegård arranges this as a 6-year training program for the employees starting when they are first hired. The program entails 4-6 days of courses, lectures, and group work per year. The curriculum and the teaching is provided by experienced therapists and, in particular, the psychologists who are also staff.

The internal education in Milieu-therapy.

It is in the training context that it made such great sense to us to use the Simple Interactions tool! With the concepts and illustrations in the tool, you get a focus on what is fundamentally at stake when you work interpersonally. It can become clear how interactions can either be supportive, helpful, and even therapeutic. And why sometimes the connection is so "off", that it cannot have a developmental effect - or even can have a detrimental effect. The tool can be seen as the goals of the beginning Milieu-therapist in their day-to-day work with the children - and an understanding of their areas of growth.

First is the concept of "**CONNECTION**", and how being connected (to the child - in this case) means being "**mutually present - and in tune**". Such a connection will create the setting in which the child may develop. Daniel Siegel (Siegel & Bryson, 2014) has expressed it this way: "First connect - only then redirect." On the other hand, a negative or even hostile contact does not make for a connection. Neither does one where the parties are **indifferent or detached** from each other. To reach the basic ground of connection, the two must find **attunement**. When achieved, the connection becomes an "active ingredient" in the treatment of children.

The second concept is "**RECIPROCITY**", which points to the influence of power dynamics. It is often assumed that adults should gain power over a child, and with that shape the child into a particular mold. But looked at from the perspective of "Simple Interactions", the optimal situation is actually reached through two-way communication, where both adult (therapist) and child take turns, are listened to, and respect each other.

Of course, it is a fact that the adult has more power than the child. But since the goal of treatment is development and a new understanding, one-sided control is not ideal. If the child resists, fights back, or simply disengages, the situation can, in many ways, become worse. And even a child that complies may not have changed or gained any understanding or acceptance of the adult's position. So the adult therapist renounces most uses of power to avoid responses of futile struggles or a passive resistance: "T*o achieve true 'Yes', one must accept the risk of 'No'!*". Of course, there will be extreme cases, where the adult must use their power. But then, it will only be in cases where protection of others - or the child - from their own behaviour is pressing.

Third is the principle of **INCLUSION**! Most of the children who are placed in treatment have long experiences of exclusion, mostly in previous school classes and peer groups. Having been subjected to exclusion instills over time an expectation of being **not included**, which can create the very thing that is feared. Next to the need to attach to a caregiver, the need to be **included** in a fellowship of other humans is very strong!

In the treatment context, the caregivers must strive to invite and include all children to be a part of group activities. It's also important to try and help children get the same inclusion in peer groups (where the adults have much less influence). The indirectness can make it difficult, even as the goal remains the same. Moving out of exclusion - but not fully included - is found when the child is **attended to separately**. This can be of value for the child in question until the time when they are finally **invited and included**.

The fourth principle is "**OPPORTUNITY TO GROW**". Making sure that children can grow is an integral part of any serious work supporting children. But, what that means in practice and how to ensure that the right possibilities are available, requires more precision. This category in the SI tool points to some basic principles.

The first is that the expectations that are transmitted to a child - both verbally and, as the case may be, nonverbally - must be attuned to the child's Zone of Proximal development. In other words, the expectations that are projected onto the child can be **undemanding** and therefore not motivating. They can also be **unrealistic** and discouraging.For the child experiencing that, the adult can be ineffective or even destructive: They will not provide the adequate catalyzation for the child's desired growth. The SI tool depicts these unconstructive scenarios, as either an all-too-flat playing field or an invitation for an impossible jump.

The next step in the process is to create steps for the child to move through or master. Here, the image of a staircase or a **scaffold** in a construction process is invoked. The competencies that are possible to develop are *what the child can do with the correct assistance (the scaffold)*. This will change gradually as skills accumulate. In a continual process of teaching - or treatment - a stepwise process (staircase) of development is ideal, with the child becoming better and better with each step.

The final aspect highlighted in the SI-tool is the fact that any scaffolding eventually must **fade** and be removed. It is removed when the child is capable of dealing with the challenge or taking 'the next step' without help. If the scaffold is kept in place, the internalization of the new learning can be stifled. If done correctly, the removal of the scaffolding will give the child a sense of new capabilities and success!

Conclusion

These are the four areas where the SI-tool precisely points out how your everyday interactions with children can support their development. If, as a teacher or therapist, you work through relating in day-to-day encounters, I would suggest that you start training in the adult skills that are implicit in these four key areas. For most people, it will also take a long process of unlearning automatic reactions before you become proficient in meeting the child in the best possible way.

We used the tool in training groups where both newcomers and a little more experienced teachers took part. It gave them an understanding of the subtleties of treatment and teaching, with a tool that is both precise and manageable. To use the SI-tool in this Danish context, a translation was necessary. Most of the details of the Tool were simple to translate. But the title itself was more of a challenge. A direct translation created strange wording and would have given the wrong idea of the tool. The idea of "simple" would designate something crude and of lesser value. For the first edition of the translation, another rendering was chosen, and if translated back into English it could be "Building blocks of relational interventions". Although not completely in accord with the original, it seemed to convey the meaning that made the tool so useful in our context.

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