



## **ATTACH Accepted Definitions**

### **Attachment:**

**Attachment is a reciprocal process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child's physical, neurological, cognitive and psychological development. It becomes the basis for development of basic trust or mistrust, and shapes how the child will relate to the world, learn, and form relationships throughout life.**

### **Attachment Disorder:**

**Attachment disorder is a treatable condition in which there is a significant dysfunction in an individual's ability to trust or engage in reciprocal loving, lasting relationships. An attachment disorder occurs due to traumatic disruption or other interferences with the caregiver-child bond during the first years of life. It can distort future stages of development and impact a person's cognitive, neurological, social and emotional functioning. It may also increase risk of other serious emotional and behavioral problems. Note: for a medical definition of Reactive Attachment Disorder of Infancy or Early Childhood 313.89, see the Diagnostic and Statistical Manual IV-TR.**

### **Attachment Therapist:**

**The attachment therapist will:**

**Promote and enhance a healthy reciprocal attachment between the child and the primary caregiver(s).**

**Be well trained in sound attachment and bonding theory and principles and child development.**

**The attachment therapist's primary focus of therapy is on the attachment relationship, not on the child's symptoms. Therefore, the parent is an active participant in the therapy.**

**Practice attachment and bonding interventions that meet ATTACH's safety standards.**

**Continue to develop skills through education specific to attachment.**

**Use supervision and professional consultation for personal support.**

**Support the appropriate authority and values of the parents.**

**Provide attachment-focused skills development for parents.**

**Take an active and directive stance in working with the child and family on core issues that they may find difficult to address.**

**Work closely with the many systems affecting the child's life, such as extended family, school personnel and other professionals.**

#### **Attachment Therapy:**

**Attachment Therapy denotes the focus of the therapeutic process rather than a specific intervention technique. Attachment Therapy can be of benefit to a person who has experienced early trauma and disruption in primary attachment relationships. The most important goal is to enable the person to form secure, reciprocal relationships that the person can heal from the trauma and other psychological disorders such as anxiety and depression caused by, or made worse by, the disruption of early attachment.**

**There are two primary areas of focus in attachment therapy. The first is to build a secure emotional attachment between the child and caregiver (or in the case of an adult in therapy, building the attachment between the client and the therapist). It is crucial to begin with this focus, since a trusting attachment relationship affords the security essential to address these clinical issues. Once the person is able to make use of a trusting relationship to learn new information and skills, the focus then shifts to healing the psychological, emotional, and behavioral issues that develop as a result of the parent-child disruption and/or early trauma. These clinical issues may include Post-traumatic Stress Disorder, grief and loss, depression, anxiety, and neuropsychological disorders. Attachment Therapy can encompass and integrate a variety of treatment interventions. It is based on treatment theories drawn from an array of relevant therapeutic approaches including behavioral, cognitive, and psychodynamic. Attachment therapy can be used with cases which range from simple to complex. As in other therapies, complex cases are often best supported by an integrated team approach.**

#### **Evergreen:**

**Evergreen is a city in Colorado which has been the North American center for a wide variety of models of attachment work since the late 1960's. It is erroneously referred to as a synonym for all attachment-based therapy.**

#### **Holding:**

**Although the term "holding therapy" has been used in the past, holding is currently recognized as a technique which can be one part of a more comprehensive treatment for attachment issues during which other supportive therapeutic techniques may be utilized. Essential components include eye contact, appropriate touch, empathy, genuine expression of emotion, nurturance, reciprocity, safety and acceptance. While a variety of holding positions can be used, the physical safety of the client is the primary consideration.**

#### **Rage Reduction:**

**Currently the term "rage reduction" refers to a therapeutic goal, not a specific technique. Reducing the client's rage in order to facilitate more adaptive emotional regulation, cognitive processing and relational capacity may be a goal of attachment therapy. In the early years of attachment work, the phrase referred to a confrontational and physically intrusive technique developed by Robert Zaslow utilized to elicit rage in order to reduce resistance and thereby facilitate the healing of the child.**

**Rebirthing:**

Rebirthing is the name of an intervention which has been mistakenly identified with holding therapy. The term actually refers to a variety of processes designed to help people resolve trauma from around the time of birth.

**Restraint:**

Restraint is the application of a physical, mechanical or chemical force on a person's body for the purpose of restricting the free movement of a person's body. Restraint is a safety intervention. Restraint is indicated and permitted as an emergency safety intervention for the protection of the person and/or others and/or property. Restraint is an intervention of last resort; it is not a therapeutic intervention.

**Manual restraint:**

A physical hands-on technique that restricts the movement or function of a person's body or portion of their body. The following are not considered restraint: holding a person without undue force to calm or comfort; holding a person's hand to safely escort them from one area to another; prompting or guiding a person who does not resist to assist in the activities of daily living.

**Mechanical restraint:**

The use of a physical device to restrict the movement of a person or the movement or normal function of a portion of his or her body.

**Chemical restraint:**

The administration of medication for the purpose of restraint.

**Seclusion:**

Physically confining an individual alone in a room or limited space from which they are prohibited from leaving.

**Standards for safe restraint:**

Restraint is never used as punishment.

Restraint is only practiced by those who have been specially trained in safe restraint techniques.

Restraint should never interfere with a person's ability to breathe.

As early as feasible in the restraint process, staff should inform the person of the behavioral criteria required for the restraint to be discontinued.

Restraint should be discontinued when the individual meets the behavioral criteria.

Restrained persons should be monitored continuously for physical safety.

**Due to the high risk associated with restraint, institutional settings such as hospitals require examination by a licensed doctor or registered nurse or physician's assistant, within one hour of the restraint, whenever a restraint is maintained over 20 minutes. This precaution may not be available in an outpatient setting. However, if the client is still out of control, combative and dangerous 20 minutes into the restraint, back-up medical assistance may need to be called to insure the client's safety.**