



# ATTACH REGISTRATION APPLICATION

## Contact Information:

Primary Contact's Name _____
Agency/Practice Name _____
Address _____
City, State, Zip _____
Work phone _____ Email _____
Fax _____ Website _____

### Applying for:

- Registered individual clinical membership
- Registered agency clinical membership
- Registered employee of a registered agency  
(Must be directly employed by agency.)

### Services offered:

- Office based therapy
- Home based therapy
- Intensive home based therapy
- Therapeutic foster care
- Group care
- Residential treatment
- Other \_\_\_\_\_

**Typical Diagnoses** for clients: (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of consultant(s)** used for difficult cases: \_\_\_\_\_

**Ongoing supervision** or peer consultation provided by: \_\_\_\_\_

\_\_\_\_\_

**E-Mail & Phone Number of Consultant** \_\_\_\_\_

\_\_\_\_\_

**Attachments Required:** Please send in this checklist and all listed items **electronically**.

- Treatment Protocol in ATTACH format on disc or via email in PC format (see outline in Instructions section, you may also view other protocols at [www.attach.org](http://www.attach.org) under the Resources tab)
- ATTACH Treatment Techniques Checklist
- Informed Treatment Consent form including a statement about the risks and benefits of therapy.
- Copy of license (for each qualified practitioner)
- Proof of professional insurance (agency-wide or for each qualified practitioner)
- ATTACH Registration agreements (for each qualified practitioner)
- ATTACH Disciplinary Disclosure statement (for each qualified practitioner)
- ATTACH Malpractice questionnaire (for each qualified practitioner)
- Qualifications chart (for each qualified practitioner)
  - Please also include copies of CE certificates for each training unit listed
- Resume/CV of applicant (for each qualified practitioner) listing all educational degrees
- Resume of Supervisor/Consultant (Does not apply if consultant has Registered Status with ATTACH.)
- Fee for application as determined by the ATTACH Board of Directors
  - Registered Clinician: \$175 + \$25 one-time, new applicant fee
  - Registered Clinical Agency: \$400 + \$25 one-time, new applicant fee
  - Registered Employee of a Registered Clinical Agency: \$80 + \$25 fee

\* A qualified practitioner is a clinician who meets the education and training requirements for ATTACH Registered status. Agency must have at least one practitioner who meets requirements.

## Payment

Payment can be sent by check along with your application or you can provide your credit card information below. If you are already a clinician or advocate organization, please deduct what you previously paid for membership from your Registration Application Fee. If you have questions about the total amount owed, please call ATTACH at 866-453-8224.

Total Due with Application \_\_\_\_\_

Visa       Master Card

Name on Card \_\_\_\_\_

Address of Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Mail Applications To:  
ATTACH, P.O. Box 533, Lake Villa, IL 60046**

## Instructions

In 2001 ATTACH initiated a registration process for clinicians and agencies. The purpose of the registry is to:

- provide more credibility to the term “attachment therapist,”
- provide more credibility to your knowledge and attachment training (see information regarding required training hours below)
- give parents and professionals access to names of potential treatment agencies and clinicians
- allow parents and other professionals to contact you directly
- supply you with a support and communication network to exchange information and/or ideas

ATTACH believes that psychotherapy in general, and specialized attachment-focused therapy, in particular, requires a combination of a degree (ie., social work, psychology, counseling, marriage and family therapy or equivalent) that allows the clinician to practice in the jurisdiction in which they provide services, provides training in theories of human development and treatment approaches, coupled with supervised practice under the direction of an experienced and skilled clinician. To obtain registered status with ATTACH a clinician or clinic must be able to prove current clinical licensure (or equivalent in foreign countries; or sanction by a governmental entity that the person or clinic is legally able to practice within the jurisdiction), a minimum of 80 hours of clinical training in attachment, trauma, or related fields beyond the degree, supervision by clinician skilled in attachment-focused treatment, and possession of professional liability insurance. An applicant must also agree, in writing, to abide by ATTACH's policy and procedures as outlined in the White Paper on Coercive Treatment and Attachment-Focused Therapy: A Professional Practice Guide and other relevant ATTACH policies and documents.

As of July 1, 2002 only Registered members of ATTACH have been given as resources to inquiries for clinical services. In an effort to assist families and workers to make informed decisions, ATTACH will print your registration information on our website; and mail out this same information to those who make inquiries. If you wish to be part of ATTACH's resource listing of Registered clinicians and agencies, please submit the attachments outlined above. Requirements are subject to change. Please check the website prior to and during the application process.

Registering clinicians in private practice must submit the complete packet of information. Registering agencies must submit the complete packet of information about all qualified staff who will be working with attachment clients, identifying the lead clinician. Those applying will be considered to have regular clinical status until the application has been approved.

Upon receipt of a complete application sent in **electronically**, your documents will be sent to the Registration Review Committee. Should the committee have any questions concerning your application the chair of the committee will contact you directly or through the ATTACH office. ALL RESPONSES to questions should be sent directly to the ATTACH office at [questions@attach.org](mailto:questions@attach.org). Your response will be included in your file and forwarded to the Committee for review. Once approved, you will receive a certificate in the mail, your information will be placed on the ATTACH website under the Resources section, and the Registration Review Committee will destroy their copies of your registration application. The original application will be kept on file at the ATTACH office.

Qualifications and required documentation for registered status with ATTACH are subject to change without notice.

### **Treatment Protocol**

- Your Protocol will be put onto our website so we expect you to provide specific, complete, succinct descriptions that are family friendly. Protocols must be submitted both in hard copy and via email in Word or PDF format.

**Philosophy:** In your own words, briefly describe your basic treatment principles and treatment approach regarding your attachment practice.

**Description of processes:**

***Intake/Admission:*** Describe your intake and initial assessment procedures including specific tools/ instruments used. Include when and how you would refer a client elsewhere.

***Assessment:*** Describe how you assess your client's functioning and needs. Include what and how you gather historical information including:

- Social history
- education history
- attachment history
- intellectual & cognitive skills & deficits
- psychological history
- medical history
- family functioning
- treatment history
- developmental history
- diagnoses

***Treatment planning:*** Briefly describe your treatment planning process; include a description of contracting when used; describe the client's role in planning.

***Treatment techniques used:*** Use the *attached checklist* and explain as necessary.

**Safety/risk management plan:** Describe how you ensure the physical and psychological safety of your clients and yourself during treatment. Be detailed and specific to your practice and setting. See safety principles in ATTACH's *Professional Practice Manual* for guidance.

**Evaluation /outcomes/ follow-up:** Explain how you evaluate the progress of your clients; and how you track outcomes of your practice. If you have follow-up procedures, please describe; if you don't, describe why.

### **Renewal**

A registered member must submit necessary changes, corrections, additions, deletions to their protocol annually along with a copy of their license and malpractice insurance and a signed attestation form to maintain registered status. 10 annual CEUs are required for each registered clinician and each clinician in a registered agency, with proof of 30 credits being required during a 3-Year Review. ***A full registration packet must be submitted every three years to maintain registered status.***

### **Complaints & Appeals**

Applicants who wish to appeal the Registration Review Committee's decision may appeal to the Executive Committee of the ATTACH Board of Directors. The appeal must be in writing and explain the basis for the appeal and the reason the applicant believes that an incorrect decision

and conclusion was reached. All appeals must be received in writing at the ATTACH office within 60 (sixty) days of the date of notification to the applicant of the Committee's decision.

The Executive Committee will review all materials used by the Registration Review Committee as well as all materials submitted by the applicant in support of the appeal, and will render a decision within ninety days after all materials have been received and all relevant questions have been responded to by those involved.