ATTACh Registered Clinician Treatment Protocol
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I. Philosophy: Our brains are genetically hardwired for attachment and to seek the interpersonal sustenance needed to structure our brains for personal well-being and healthy relationships. The earliest connections are with primary caregivers, usually with parents, and the brain's attachment system directs the child to seek physical closeness and establish communication. During this dance between mother and child, the brain begins to assemble our deepest implicit expectations about the nature of this world. Is it welcoming and warm ? Is it consistent and trustworthy ? Is it safe for body and heart ?

When children are abused and/or neglected, literally their brains have already wired in ways that make them fearful and lacking in trust. Their world has not been welcoming and safe, consistent and trustworthy. Even babies adopted at birth have experienced the trauma of loss of the birthmom and/ or are suffering the effects of in utero exposure to drugs/alcohol. Since attachment is the building block of all future development, when it is compromised neurological, cognitive, emotional and social functioning are impaired. These children don't necessarily trust that their needs will be met. Their brains haven't been wired to have effective affect regulation. They do not feel worthy of love and subsequently have little empathy for themselves or others – a necessary component in conscience development. In families, sadly, these children can become the source for chronic chaos. Each child expresses attachment difficulties in their own unique ways and in varying degrees of severity. Appropriate attachment therapy and parenting can begin the healing process. Growing up in a safe, consistent and nurturing home literally can heal their hearts and rewire their brains !

For this reason, parents are seen as a vital part of the treatment team and are present during therapy. In addition to therapy, they will need the support of outside services such as parent support groups and training. It is also crucial that the family is committed to the child's healing and placement. The intensity of treatment and full commitment of the parents is stressed.

My treatment approach is primarily Dyadic Developmental Psychotherapy and Theraplay techniques, especially with younger children. This approach utilizes the therapeutic stance described by the acronym, "PACE", which stands for *playful, accepting, curious & empathic*. The parent(s) is always present when I see the child. It is within the context of their unfolding attachment relationship that therapy takes place.

II. Description of processes:

Intake and Assessment Review of any paperwork received from social service or adoption agencies, school records of testing or other medical records if applicable is done. If there has been a history of previous treatment, a release of information will be requested. An assessment of behaviors using a symptom checklist and parent report; an infant development assessment, the Dan Hughes Parent Questionnaire, RADQ, Child's Biography and The Day In The Life of the Child are all used to help assess the parent and child's functioning, strengths and needs, as well as the child's attachment history. After I have met with the parents for an initial session I will meet with both the child and parent(s) together. If I assess that this client's needs are beyond what I can provide, I refer them elsewhere.

III. Treatment Planning:

The initial treatment plan includes parent education about attachment and specifically their child's attachment needs. Specific behaviors are targeted for change with an emphasis on making sense of them for both the parent and child as a way to decrease shame. The development of treatment goals is a collaborative process between parents, therapist and child, if appropriate. The treatment plan then is used as a contract between us and a way to measure progress. The parent/child relationship is the focus of treatment. Progress is reviewed regularly changed as needed.

IV. Treatment Techniques Used:

Dyadic Developmental Therapy is the primary treatment model used along with techniques from Theraplay, Narrative Therapy, and Cognitive-Behavioral Therapy. The techniques used are based on the child's needs and to help the child learn about and deal with his emotions, change his worldview and self image and resolve trauma related barriers to developing and engaging in healthy relationships.

Strategies include:

- Multi-sensory, nurturing and bonding activities such as cradling with parent, touch, feeding, games, rocking, storytelling, etc.
- Homework assignment for both child and parent to continue the therapeutic process between sessions.
- Drawing, journaling, rituals and re-enactment of events using puppets to address attachment and trust issues, grief and loss, trauma memories, etc.
- Education on attachment and trauma; social, emotional and neurological development and strategies to manage emotions and behaviors.

Parent education is ongoing and essential. A significant portion of treatment is focused on helping the parent(s) to understand their own issues and how these are influencing their parenting of and attachment to their child. I use the AAI as a clinical tool for assessing the parent's own attachment experience. Parents also learn how trauma and early experiences have impacted their child's brain, what is influencing their child's behaviors and moods, how to manage behaviors and moods that are healthy for both the child and parent and ways to provide experiences that facilitate healing and attachment.

Compliance with established ATTACh and state licensing ethical guidelines and therapeutic practices guide the treatment techniques used.

Safety/risk management plan: The ATTACh Safety Principles are utilized during the sessions and include:

Parents being present throughout the session and the level of the parent's and child's comfort/discomfort being monitored.

The child never being restrained or having pressure put on him in such a manner that would interfere with basic life functions such as breathing, circulation, temperature, etc., or that causes pain.

Touch always being appropriate, and based on the child's tolerance and used for therapeutic purposes only.

No form of shaming, demeaning, or degrading interaction is engaged in during therapy.

Effective steps will be taken to adjust or terminate an intervention process when there is any indication that someone's psychological or physical safety may be compromised.

Evaluation/outcomes/follow-up: Parent and child reports, formal assessments and treatment plan reviews provided at least every 3 months are used to evaluate progress and outcomes of therapeutic interventions. Parents are encouraged to keep in touch with me after treatment is completed, continue to participate in parent support groups and to return to treatment if maintenance therapy is needed.