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## **Attachment Treatment Protocol**

**Philosophy:** Developmental theory has shown how quality parenting/child interactions are essential for the child's optimal development. Children with identified attachment issues typically have a history of neglect, abuse, trauma, disruption, and chronic family conflict during their early formative years. As a result, key development processes, necessary for healthy functioning and maturation, are significantly impaired. Development deficits often include insecure/avoidant attachments; emotional dysregulation; impulsivity; poor attention skills; and negative identity formation. Engagement, attunement, nurturance, empathy, curiosity, playfulness, and acceptance provide the therapeutic foundation to assist the child in experiencing themselves and their relationships in a more meaningful and satisfying manner. The therapist provides a safe container to assist the child in exploring past traumas and limiting beliefs that negatively affect their current functioning. Parents are given a high level of support and education to help them interact with their child in ways that support the development of a secure attachment. Parents are encouraged to explore their own attachment histories to understand ways that their current parenting/relationship style may affect their ability to respond therapeutically to their child.

### **Description of Processes:**

**Intake/Admission:** Parents participate in an initial intake process, without the child, which can occur over one to three 60-90 minute sessions. A detailed history is completed that includes the following: child's developmental history; birth family history if applicable; current functioning and symptoms in multiple life areas; education history; treatment and medication history; parents' attachment history; parenting philosophy; and desired outcomes. The intake also educates parents on their role in therapy and how to provide a therapeutic home environment.

**Assessment:** The Child Behavior Checklist, Youth Behavior Checklist, RAD-Q, Beck Youth Inventories, MACI, and Rorschach are available if assessment is deemed useful. The WISC-IV and the Kaufman Test of Educational Achievement, Second Edition, are available for educational testing needs.

**Treatment planning:** A Person-Centered Plan is developed within the first 30 days of treatment. The PCP includes the following: desired outcomes; client and family strengths; identified treatment barriers; and diagnostic considerations.

**Treatment techniques used:** Attachment treatment is based on Dan Hughes' Dyadic Developmental Psychotherapy (DDP). DDP is based on Dr. Hughes 20+ years of experience working with children who have serious deficits in their emotional, cognitive, and behavioral development, while having difficulty developing and maintaining secure attachment relationships. Parents are expected to participate in DDP sessions and learn to maintain an attitude that includes playfulness, acceptance, curiosity, and empathy (PACE). DDP is eclectic in its orientation and uses elements from narrative therapy; client-centered; gestalt therapy; EMDR; and strategic and structural family therapy.

**Safety/risk management plan:** Therapist and parents are expected to maintain the attitude of PACE (see above) in all interactions with their child. One or both parents are always present with the child in therapy. The therapist's primary role is to maintain a safe container for the child to explore their inner world. Coercion and forced holding is never a part of therapy. A child is welcomed to seek nurturance and comfort from a parent, which may include sitting on their lap, but refusal is always respected. De-escalation, attunement, and comforting techniques are employed when a child becomes dysregulated during a session. Restraint is considered the last option and only used when physical safety is threatened. All interventions are consistent with the Standards of Practice and Ethical Standards of ATTACH.

**Evaluation /outcomes/ follow-up:** Parents and therapist typically meet at the onset of each session to evaluate a child's progress. A child's ability to provide a coherent narrative, to regulate their moods and behavior; to maintain attunement; and to demonstrate empathy are key outcome measures. Parents are welcomed to maintain contact with the therapist following termination and periodic follow-up sessions are encouraged.