

Treatment Protocol of Cheryl Walters, M.S.
Licensed Psychologist
Life Management Associates
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Problem Statement: As a licensed psychologist since 1985, I have a wide range of training and experience in dealing with numerous life issues and mental health conditions, with a primary focus of providing services for the child and adolescent population. Between 1985 and 1995, the problem areas most commonly dealt with in my practice involved early trauma, including neglect and abuse; and children/adolescents in foster care and in adoptive homes. This focus led to interest in attachment issues. Since 1995, my practice has increased in terms of the number of clients being assessed and services provided for attachment issues and Attachment Disorder. At the present time, the only new clients accepted involve attachment-related issues and/or Attachment Disorder.

Target Population: The current client population involves children and adolescents with attachment difficulties and/or Attachment Disorder. Parental figures of children/adolescents with attachment difficulties and/or Attachment Disorder are also involved in the client population.

Program/Practice Overview: The philosophy of the services provided in my practice at Life Management Associates involves an understanding of the importance of attachment in a child's overall level of functioning and in terms of a child/adolescent's functioning within a family system. Improving attachment skills and an appropriate attachment relationship between a child and a parental figure is a primary goal of treatment. To this end, services include psychological assessments and evaluations regarding attachment issues and/or Attachment Disorder, to provide recommendations for a variety of referral questions, including, but not limited to, placement decisions, determining an appropriate diagnosis and treatment plan, along with determining the most appropriate and effective level of treatment for the specific child and family system.

Outpatient psychotherapy services include individual and family therapy, with a focus on attachment building and resolution of attachment issues; Theraplay, and holding therapy. Although we do not provide a two week intensive program, this psychologist is willing to make recommendations when appropriate and be involved in the treatment during a two-week intensive program as needed, as well as providing the after care psychotherapy as recommended.

Description of Services:

Intake/Admission Progress.

The appropriateness of a referral to my practice is generally made with a brief telephone conversation with the referral agency and/or parental figures. If it is determined our services are appropriate, an appointment is scheduled for a psychological assessment or psychological evaluation, unless an assessment or evaluation has been previously made by another mental health professional specializing in attachment difficulties and/or Attachment Disorder. Appropriate releases, if necessary, are obtained. For example, if a child is not in the legal custody of the parental figure.

Assessment Process

A psychological assessment and/or a psychological evaluation (including intellectual measures) is the first part of the admissions process. As part of the assessment/evaluation procedure, an in depth clinical interview is conducted with parental figures and with the child/adolescent as well. Information obtained includes, but is not limited to, developmental history; attachment history; medical history; educational history; assessing symptoms related to emotional and behavioral functioning; obtaining information regarding past or current treatment history, including services provided, outcome, and medication, if applicable. Although the specific assessment/ evaluation tools can vary based on the age of the child, history obtained, family dynamics, and the specific referral questions, the following list includes some of the assessment/evaluation tools which can be utilized: projective measures – Draw-A-Person, House-Tree-Person, Draw-A-Family, Children's Apperception Test, Thematic Apperception Test; attachment- related tools such as the Marschak Interaction Method and checklists including the Randolph Attachment Disorder Questionnaire; intellectual measures – Wechsler Intelligence Scale for Children – IV, Peabody Picture Vocabulary Test – III, Wechsler Adult Intelligence Scale – III. Part of the assessment process involves either verbal feedback regarding the referral questions and/or a written report, depending on the circumstances.

Treatment Planning

Based on the information obtained from the psychological assessment/ evaluation, a treatment plan is devised, which in the most general sense recommends whether attachment-based psychotherapy is warranted and if so, recommends a level of attachment-based psychotherapy which is felt to be most appropriate and effective for the specific child/family. Specific treatment goals are also delineated,

which include measurable goals. Regarding child clients, the treatment plan is discussed with appropriate parental figures and/or agencies. Agreement to the treatment plan is provided by written signature of the appropriate parental figure and/or agency professional. Specific verbal contracting with children depends on the type of treatment utilized. However, treatment planning always includes ensuring the least restrictive and intrusive level of therapy, which is deemed appropriate and effective, be utilized. Specific verbal contracting with child clients depends on the form of psychotherapy and the specific needs of the child/family system. With adolescent clients, the treatment planning procedure is more direct. Treatment goals and procedures are discussed. Depending on the age of the adolescent, the adolescent will also be involved in signing the treatment plan. Therefore, there is a verbal and/or written contracting which occurs between the clients and therapist before any treatment begins.

Treatment Techniques Used

Individual and/or family therapy, including attachment building skills and/or resolution of attachment issues can involve play therapy, art therapy, Theraplay activities, journaling, along with a variety of therapeutic techniques to be utilized to reach specific treatment goals. The majority of our child/adolescent clients are referred for Theraplay, which in our practice at Life Management Associates involves a co-therapist model – one therapist assigned to work as a primary therapist with the child/adolescent, with a second therapist assigned to work with the parental figure to provide support, education, parenting strategies, resolution of any individual issues which may impair the attachment process, etc. Holding therapies can also be recommended, which include a variety of techniques with parent holding the child and/or therapist holding the child in a nurturing position. Therapeutic interventions can include cognitive techniques, therapeutic stories, EMDR, role playing, etc., to assist the child/adolescent to reach therapeutic goals personally and within the family system. If the child/adolescent has been involved in a two week intensive program and is referred to our agency for the after care, this psychologist will follow the recommendations of the referring agency.

Safety/Risk Management Plan: Before any psychological treatment is begun, risk factors are taken into consideration during the assessment/evaluation process. If holding therapy will be a part of the therapeutic strategy, it is important to determine specifics of that therapy and to provide for the safety of the child/adolescent, parental figures, and the therapist. This may involve discussing whether one or two therapists may be necessary; who would be

providing any type of therapeutic holding; and whether or not the adults involved would be appropriate, given their emotional stability, and a monitoring process is put into place. Our agency has a two-room suite for attachment psychotherapy, in which parental figures are either in the same room with the child/adolescent or are monitoring the interaction between the child/adolescent and the therapist with video/audio equipment. The majority of our attachment-based psychotherapy is videotaped to ensure the safety of our clients and of the therapist as well.

The least restrictive, intrusive and confrontational approach which is deemed appropriate and effective will be utilized to ensure that the physical and emotional well-being of all participants are being addressed. No client is ever put in a situation which could be physically endangering. Child/adolescent clients are always informed of the reason for any therapeutic holding and any concerns which are appropriate, regarding any of the participants, are addressed and resolved to the best of the therapist's ability.

Evaluation/Outcome/Follow-up: During the course of psychotherapy, the treatment plan is reviewed and appropriate additions and/or changes are made. At times, progress is assessed by having the parental figures complete once again checklists which were originally completed at the psychological assessment/evaluation, such as the Randolph Attachment Disorder Questionnaire, to determine whether or not progress is occurring and in what areas. If appropriate progress is not occurring, discussions between the parental figures and/or agencies involved, and/or including the child/adolescent as deemed appropriate, occur to determine whether or not additional services and/or different strategies would be more appropriate and/or beneficial. Referrals to outside agencies and/or other mental health professionals are made as necessary.

At the time of discharge, an evaluation form regarding the services received is sent to the parental figures for completion and the results are reviewed by this therapist. Follow-up services in the form of consultation, telephone calls, and/or returning to a form of involvement in outpatient psychotherapy in the future are all possibilities and are discussed at the time of closing the case.

Qualifications: Cheryl Walters has a Masters of Science degree in Psychology from Millersville University (formerly Millersville State College) from 1981. She obtained her license to practice in the field of psychology in Pennsylvania in 1985. Her primary field of experience involves child and adolescent issues. Specific attachment training and education is as follows:

1994 – The Broken Connection: Attachment Theory and Therapy – 6 Hours

1995 – Seventh Annual Conference on Attachment and Bonding – 20 Hours

1996 – Introduction to Theraplay – 21 Hours

1997 – Filial Therapy – 6 Hours,
Intermediate Theraplay – 21 Hours

1998 – Treating the Effects of Trauma in Adults and Children – 12 Hours

1999 – Treating Attachment Disorders in Foster and Adopted Children – 24 Hours

2000 – 11th Annual International Conference on Attachment and Bonding –
16 Hours

2001 – 13th Annual International Conference on Attachment and Bonding –
17.5 Hours

2002 – Eye Movement Desensitization and Reprocessing – 17 Hours

2003 – Attachment . . . From the Beginning – 20.5 Hours

2004 – “Pathways to Healing: The Role of Attachment in Families” – 22.5 Hours

This therapist has also been involved in five two week intensive programs with referred clients at the Attachment Center at Evergreen and Evergreen Consultants. During one of the intensive programs, this therapist was involved in the therapist training program.

Certified Theraplay Therapist. Member of Pennsylvania Psychological Association.

Cheryl Walters is the consulting/supervising psychologist for the attachment services provided at Life Management Associates. As such, all referrals should be made directly to Ms. Walters, who provides the majority of the psychological assessments/evaluations and is involved in providing all of the attachment-based psychotherapy, either as an individual therapist or part of a co-therapist team. If an additional co-therapist is assigned to a case, that therapist’s qualifications are discussed directly with the client.