

ATTACH Registration Application

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TREATMENT PROTOCOL

***Philosophy:** The end result of a good parent-child attachment is a child who grows into an adult who is able to self-regulate. This comes about after many instances of co-regulating with the parent(s). A friend of mine who is a dog trainer once told me that "if you want to have a calm dog, you have to have a calm master". For that reason, one of my first goals is to help parents develop a non-judgemental awareness of their stress responses to their child, and to begin to actively regulate that. Next, I make an assessment of the stability of the situation. If there is a high degree of instability, we focus on stabilizing. Often, that instability is manifested in oppositional behavior. It is often important to give parents education about this and give them skills that are effective in regulating. Situations that are more stable are more amenable to coaching to increase reciprocity. The end goal is to have everyone regulating so that we can have more moments together that form a lasting, meaningful, resilient attachment.*

Description of processes:

***Intake/Admission:** I take an extensive history in a way that I have developed from working with this population for 17 years. I cover all of the aspects of the case listed in the next section. I also go over the potential risks and benefits of therapy. If the situation is too unstable for treatment to be beneficial, I refer to a psychiatrist or a treatment home. If my approach is not a good fit with the parents, I will also refer out.*

***Assessment:** My goal is to assess what kind of attachment exists between parent and child, and the limitations each one brings to the relationship. I want to find out about trauma history, sleep, sensory difficulties, executive function and other regulatory difficulties, known mental health history of biological relatives, and early attachment experiences. I ask for any cognitive, sensory, or mental health evaluation reports that have been performed. On occasion, I will perform a Rorschach at the outset before treatment has started if I suspect there are significant problems with reality. I also have some standard interventions that I do with every*

family, and the response to that helps me guide where to start in treatment, because it assesses reciprocity and the parents' ability to follow through at home.

Treatment planning: I begin talking early on with clients about assessing the stability of the situation and the manageability of the child. I educate the parents about which interventions are appropriate at the different levels of stability, and which ones can inadvertently de-stabilize. I emphasize this rule: Stability first, growth second. I ONLY do family therapy for attachment disorder, because I see the true client as being the relationship between parent and child. I usually meet with parents separately after the assessment process to develop and concretize treatment goals.

Safety/risk management: I orient each child to the rules of my office and waiting room, as well as to the physical surroundings. I use lots of positive reinforcement early on for compliance with rules. I go over the research about the negative effects of catharsis to ensure clients don't expect interventions that would encourage that. I check messages multiple times a day 7 days a week and return phone calls promptly when there is a crisis. I find that emphasizing regulation and reduction of shaming does a lot to contain clients. I also talk to parents about when to call 911.

Evaluation/outcomes/follow-up: We measure progress subjectively by how parents, kids and teachers experience changes in behavior, self-regulation, mood and reciprocity. We also subjectively measure tension/relaxation, ability to recover from dysregulation, reading skin tone, and sleep to monitor nervous system changes. Follow-up usually occurs via email.