

EVERGREEN PSYCHOTHERAPY CENTER
ATTACHMENT TREATMENT AND TRAINING INSTITUTE

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Treatment Protocol

Philosophy

There are several basic principles upon which Corrective Attachment Therapy is based. First, we use a systems model which focuses on the behavior of all family members and how they affect one another. We also believe that therapy should be holistic, thus our interventions take into account the interconnectedness of the emotional, cognitive, social, physical, behavioral, moral, and spiritual aspects of mind and body. Treatment is both psychoeducational and experiential based. We provide tools and skills as well as facilitating direct participation and genuine involvement on the part of the child, family, and therapists.

The primary goal of treatment is positive change - new choices, perspectives, options, behaviors, coping skills, and relationships. Every aspect of treatment is oriented towards the growth and evolution of the child and family. We usually use a treatment team of at least three therapists and encourage the participation of hometown follow-up therapists.

It is our goal to provide the highest quality treatment available for the healing of attachment disordered children and their families. To that end, we would like to share our mission statement and personal pledge.

MISSION STATEMENT: With all of the knowledge, skills and resources at our disposal, we are committed to excellence in the implementation of effective and sound clinical practices for the promotion of healthy parent/child attachments.

PERSONAL PLEDGE: We shall make every effort to understand your family's problems and to assist you through the healing journey from the application process, through treatment and follow-up treatment.

Target Population

The target population we see includes child problems, adolescent problems, marital problems, child-parent problems, and individual adult issues. ATTI deals with an attachment focus to all these problems.

Our research over the past several years has revealed the following demographics:

48% of children treated were male

52% of children treated were female

56% Caucasian-Western European

44% Hispanic, African American, Asian, American Indian, mixed

84% adopted by non blood relations

46% not of same race/ethnicity as their parents

34% at time of adoption were not of same citizenship parents

72% had histories of premature birth or traumatic pregnancy

90% suffered sexual, physical, or emotional abuse

Over 50% were removed from their parents by court order

Nearly 50% were adopted as a sibling unit

Median age 10 1/2

We work with children of all severity levels from mild to extreme, however, our specialty is the most severe cases. We typically are seen as the last resort before out of home placement.

Most Frequent Diagnoses

The following is the diagnosis given to the children we see prior to treatment:

92% Reactive Attachment Disorder

66% Conduct Disorder

34% Attention Deficit Hyperactive Disorder

44% Post Traumatic Stress Disorder

40% Mood Disorders - Depression or Bi-Polar

36% Taking one or more psychotropic prescriptive medications

Level of Practice

The Attachment and Treatment Institute is a level 3 clinic. Our therapists have pioneered many of the techniques used by others and are considered leaders in the field.

Program/Practice Overview

Evergreen Psychotherapy Center is an outpatient general private practice which addresses a wide variety of mental health issues for children, adults and families. The Attachment Treatment and Training Institute is our arm that deals with attachment issues in adults, children and families. ATTI also uses an outpatient format. We do not place children in foster homes or other out of home placements but prefer to work with families intact. Our primary method of treatment is the "two week intensive", a modality developed by us in 1984. We do not use any intrusive or coercive techniques in therapy. We use an approach of connection rather than control and confrontation.

ATTI is also involved in training attachment professionals through community education, professional seminars, intensive training and supervision, internships, and agency consultation.

Description of Services

Therapy

- * Individual, Group, Marital and Family Psychotherapy
- * Child and Adolescent Psychotherapy
- * Parent/Child Psychotherapy
- * Corrective Attachment Therapy for children, adults, couples and families

Diagnosis and Evaluation

- * Psychological Assessment
- * Custody Evaluation
- * Expert Court Witness
- * Pre-Adoptive and Post-Adoptive Evaluations

Training and Education

Community Education:

Programs are offered on topics such as: Couples Communication, Conflict-Resolution, Divorce, Illness in the Family, Parenting Skills, and Stepfamily Issues.

Professional Seminars:

Educational programs for mental health professionals, school personnel, foster and adoptive parents that focus on clinical topics such as: Family Therapy, Corrective Attachment Therapy, Corrective Attachment Parenting, Parenting Skills Training, Resolving Childhood Trauma.

Intensive Training and Supervision:

Therapists may participate in a two-week Corrective Attachment Therapy program under the supervision of a primary therapist. Students learn etiology and diagnosis of attachment disorders and receive supervision on specific therapy methods.

Internships:

Field placement available for students in mental health training programs.

Intake/Admission Process

The intake procedure usually starts with our response to either an e-mail or phone inquiry. We then briefly discuss their situation and when appropriate, send out an intake packet. This packet is completely filled out by the family and includes: registration form, child's history, parents' autobiographies, information about follow-up therapist, symptom checklist filled out by parents and sometimes teachers and therapists, and information about understanding and treating attachment disorder. We also usually recommend families read our book Attachment Trauma and Healing to more fully understand attachment issues and our treatment. We also offer parents the opportunity to talk to other families who have participated in our program.

If a client is not appropriate for our treatment program we explain to them why and either refer them back to their referring therapist or assist them in finding another alternative.

Assessment Process, Tools Used

* Symptom checklist: completed by parents, caregivers, teachers, and/or caseworkers.

* Descriptive explanation of each symptom on checklist.

- * History: developmental, birth family, moves and disruptions, current family, social, and medical.
- * Parents' autobiography: attachment and family history.
- * Schools: current and historical issues.
- * Psychodiagnostic testing: prior results, diagnoses, and recommendations.
- * Psychotherapy and medication: prior and current.

Treatment Planning Including Contracting

Contracting with the child and parents is a basic and crucial component of the initial stages of treatment and also occurs throughout the treatment process (recontracting). Therapeutic contracts are generally verbal agreements regarding specific desired outcomes. Therapeutic contracts are established between therapist and child, therapist and parents, and parents and child.

The child contracts with the therapist, for example, to follow the rules of therapy, learn to express feelings verbally, and to develop trust. The parents, for example, agree to learn effective parenting skills, reduce resentment toward their child, address their family-of-origin issues, and form a united team with the therapist. Parent-child agreements focus on expectations and consequences for the child's behavior, such as the necessity to learn to trust, cooperate, and be sensitive to others in the family.

Treatment planning occurs daily with the treatment team, including parents. The day before is processed as well as specific treatment goals for the current day. At the end of the session, the team again processes treatment progress.

Safety/Risk Management Plan

We do not use any intrusive techniques. No one is held against their will. We have explicit contracts with children, with parents, and between children and parents. No one is wrapped in blankets and children can get up at any time. We do not use sarcasm or demeaning techniques to provoke rage. Corrective Attachment Therapy is done by highly skilled therapists who do not use any techniques where safety is an issue.

Evaluation/Outcomes/Follow-up

We do outcome studies on all our families. They are sent symptom checklists which we compare to the pre-treatment symptoms. We also do a client satisfaction survey. We currently completed a comprehensive evaluation of all cases done in the past three years, which is in the process of publication.

Qualifications of Staff

Terry M. Levy, Ph.D., D.A.P.A., B.C.F.E. Ph.D., Clinical Psychology, 1972, University of Miami, Florida. Licensed Clinical Psychologist in Colorado and Florida, Board Certified Forensic Examiner, and Diplomat of the American Psychotherapy Association; clinical member of the American, Colorado and Florida Psychological Associations, American and Colorado Associations of Marriage and Family Therapy, American Family Therapy Academy and the National Register of Health Service Providers in Psychology. Dr. Levy was previously founder and Director of the Family Life Center (Florida) and the Miami Psychotherapy Institute, co-founder and president of the Board of Directors of the Association for Treatment and Training in the Attachment of Children (ATTACH). Dr. Levy has been providing psychotherapy treatment and training for over twenty-five years. He has taught seminars for the American Psychological Association, American Professional Society on the Abuse of Children, Association for Pre and Perinatal Psychology and Health, and numerous mental health, social service and school systems nationwide. Co-author of Attachment, Trauma & Healing (1998, Child Welfare League of America) and editor of Handbook of Attachment Interventions (Academic Press). Dr. Levy is currently co-director of the Evergreen Psychotherapy Center and the Attachment Treatment and Training Institute in Evergreen, Colorado.

Michael Orlans, M.A., D.A.P.A., B.C.F.E. M.A., Psychology, 1976, Lone Mountain College, University of San Francisco, California. Innovator of Corrective Attachment Therapy and the two-week Intensive Treatment Program. Co-director of Evergreen Psychotherapy Center and the Attachment Treatment and Training Institute. Psychotherapist with over twenty-eight years of clinical experience. Nationally known as a trainer with expertise in working with severely emotionally disturbed children and their families. Has presented over 50 attachment seminars over the past 18 years. Served on the faculty of several universities, consultant to therapeutic foster care programs, child welfare agencies, and is on the Advisory Council for Rational Children's Policy. Co-founder of the Association for Treatment and Training in the Attachment of Children (ATTACH), Fellow of the College and Board Certified Forensic Examiner, Diplomate and Vice-chairman of the executive Board of Directors of the American Psychotherapy Association. Co-author, Attachment, Trauma and Healing, (1998, Child Welfare League of America) and numerous other publications.

Anthea G. Coster, M.A. N.C.C., L.P.C.

M.A. Counseling Psychology - Marriage and Family Therapy, University of Colorado at Denver, 1998. Ph.D. Candidate, Psychology, Southern California University of Professional studies. Under direct supervision of Michael Orlans and Terry Levy for past four years. Independent contracted Psychotherapist working with Evergreen Psychotherapy Center, and in private practice. Licensed Professional Counselor in Colorado, National Certified Counselor, Colorado State Provisional Licensed School Counselor and Substitute Teacher. A wide range of experience dealing with people of all ages and cultures, in three continents. Previously employed for seven years in Education working specifically with emotionally disturbed teenagers and as a Gifted and Talented Coordinator. Registered Graduate Member of the British Psychological Society; Individual Member of the British Association for Counseling; Member of the American Counseling Association; Member of the American Psychology Association; Member of the Colorado Association for Play Therapy.