

.THE COUNSELING & ENRICHMENT CENTER

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Attachment Treatment Protocol

Philosophy

The Counseling and Enrichment Center believes that attachment and bonding is the corner stone of all mental health. We believe that all human beings are on a continuum from being too attached to having little connection to another human being. A healthy attachment would be ideally in the center of this continuum. Early childhood trauma including that occurring before birth, can physically damage a child's brain thus affecting his ability to control his emotions and behaviors. The goal of attachment therapy is then to heal those damaged neurons through building healthy, reciprocal relationships with a caring parent figure. This would not be the therapist. A copy of the Attachment organization's practice manual is given to every family who requires attachment therapy. The family and clinician would then be given boundaries to adhere to guarantee that no harm is done to the child and healing is accomplished.

Description of Process

Intake/Admission:

1. Pretreatment assessments are sent to parents to be filled out prior to family being seen.

Psychosocial Assessment including

- Early History including prenatal
- Treatment history
- Psychological history
- Educational history
- Medical history including medication
- Developmental history

Childhood Onset Bipolar Disorder Assessment

Randolph Attachment Questionnaire

Achenbach Child Behavior Checklist

2. Parents are then brought in to go over the results of the assessments and child's diagnosis. (Family assessment)
The parents are made aware of what is included in Attachment therapy.
- 3 Child is Brought in;
Contract verbal and or written
Determine visually if child follows results of paper assessment
4. Determinations are made with the parents if child would benefit from my therapy or be referred to another.

Treatment Planning

1. Goals for therapy are set with parents and child
 - a. Separate Contracts are made with parents and one with the child for therapy.
 - b. Methods of payment are discussed at this time so there is no issues over money during treatment time
2. Determination is made as to what type of therapy is to be used
 - a. Two week intensive
 - b. 2 to 3 times a week for several hours a day
 - c. weekly two hour sessions
 - d. In home or office
3. See technique check list used

Safety/risk

1. Parents are always present during treatment to insure physical and Psychological safety
2. Coercive techniques are NEVER used.
3. Child understands that this will be non traditional therapy and a variety of techniques will be used. (Holding by parents, EMDR, Brain Gym, Narrative etc)
4. Children are only held by parents. It is against the law in Nebraska for therapist to hold a child in a therapeutic manner.

5. Plans are made prior to treatment for a safety plan in the remote possibility of a child becoming violent.

Parents use de-escalation techniques

Hospitalization

Evaluation/Outcomes/follow up

1. Evaluate if Goals have been accomplished
2. Reevaluate at end of therapy with:
 - a. Childhood Onset bi-polar Assessment
 - b. Randolph Attachment Questionnaire
 - c. Achenbach Child Behavior Check list
3. Contact is made with the family after therapy is concluded.
They are encouraged to call with any questions or need for more therapy.
4. An appointment is set up for a follow up visit.