

Kim Cross LSCSW

Attachment Center of Kansas * 1650 S. Georgetown Suite 190 * Wichita KS 67218 * 316-688-9850

Treatment Protocol for Attachment Therapy

Philosophy: Early childhood trauma and/or maltreatment obstruct the cognitive, neurological, social and emotional development of the child, fosters a poor self-image and negative world-view and impede the child's ability to form secure attachments. Children with insecure attachment styles often engage in harmful behaviors and experience detrimental moods as a result. A multi-dimensional and -module treatment approach is needed that begins at the child's developmental levels. The parent/s and home are crucial components in the child's healing process therefore a family systems approach is used to resolve these core issues and encourage the development of a secure attachment.

Description of processes:

Admission:

The admission process begins with the parent calling the office and requesting a free consultation with me in which I will gather information about the age of the child, symptoms, previous/current treatment and summary of social history. I also briefly explain the treatment models I use and expectations of the parents as well as answer questions. The intensity of treatment and full commitment of the parent/s is stressed.

If an intake for attachment assessment and treatment is requested, a packet is sent out that includes the following: Intake Form, Billing Agreement and Consent, Treatment Consent, Privacy Practices and RADQ or Attachment Symptom Checklist for Children Under 5. Also provided is a Parenting Questionnaire, outlines for constructing a Parent/s' Autobiography, Child's Biography and The Day In The Life of The Child to help assess the parent/s' and child's functioning, strengths and needs. The parent/s are required to provide copies of reports or complete authorizations for releases of information from child protective services, foster care and/or adoption, school, medical, mental health and juvenile court. These records as well as the Child's Biography assist in understanding the child's social and attachment history. The completed intake packet and copies of documentation are brought to the first assessment session.

Assessment:

The assessment process takes 2 to 4 hours depending of the age of the child and can be conducted over a 2-day, 2 week or 4-week period. These sessions entail a review of the paperwork, reports and other documentation, assessments completed by the parent/s and child, which vary depending on the child's age and presenting symptoms, projective tests and observations of and interviews with the child and parent/s to assist in developing the diagnosis, understanding the parent and child's needs and strengths and to assist with the development of a treatment approach. Once this process is completed, a meeting is held with the parent/s to discuss

results of the assessment, recommendations, what treatment will involve and address any concerns and questions. At times recommendations may include medical exams, more comprehensive psychological testing, evaluations for sensory, hearing and vision, nutritional changes, etc. Information is also provided on resources for parents and others working with or involved with the child. Assessment is ongoing throughout the treatment process.

Treatment planning:

The parents and child will participate in the development of short- and long-term goals and objectives of treatment based upon the parent and child's needs. The treatment plan is used as a contract between the parent, child and therapist and to measure progress. The primary parent/child relationship will be the initial focus of treatment. Progress will be reviewed at each session and any needed changes to the treatment plan will be made.

Treatment techniques used:

Dyadic Developmental Psychotherapy is the primary treatment model used along with techniques from Theraplay, Trauma-Focus Cognitive Behavioral Therapy and Family Narrative Attachment Therapy. Techniques used are based on the child's needs and to help the child learn about and deal with his/her emotions, change his/her worldview and self-image and resolve trauma-related barriers to developing and engaging in healthy relationships.

Strategies include:

- Multi-sensory, nurturing and bonding activities such as cradling, touch, feeding, gentle massage, games, rocking, storytelling, etc.
- Homework assignment for both child and parent/s to continue the therapeutic process between sessions.
- Drawings, journaling, storytelling, rituals and re-enactment of events using puppets to address attachment and trust difficulties, grief and loss issues, trauma memories, etc.
- Education on attachment and trauma related issues, social, emotional and neurological development and strategies to manage emotions and behaviors.

Parent education is essential and a significant portion of treatment is focused on helping the parent/s to understand their own issues and how these are influencing their parenting of and relationship with the child. Parent/s also learn how trauma and early experiences have impacted their child, what is influencing their child's behaviors and moods, how to manage behaviors and moods that are healthy for both the child and parent and ways to provide experiences that facilitate healing and attachment.

Compliance with established ATTACH and state licensing ethical guidelines and therapeutic practices guide the treatment techniques used.

Safety/risk management plan: The ATTACH SAFETY PRINCIPLES are utilized during the sessions and include:

Parents being present throughout the session and the level of the parent/s' and child's comfort/discomfort being monitored.

The child never being restrained or having pressure put on him/her in such a manner that would interfere with his/her basic life functions such as breathing, circulation, temperature, etc. or that causes pain.

Touch always being appropriate, and based on the child's tolerance and used for therapeutic purposes only.

No form of shaming, demeaning, or degrading interaction is engaged in during the therapeutic intervention.

Effective steps will be taken to adjust or terminate an intervention process when there is any indication that someone's psychological or physical safety may be being compromised.

Evaluation/outcomes/follow-ups: Parent/s' and child's reports, formal assessments and treatment plan reviews, provided at least every 3 months, are used to evaluate progress and outcomes of therapeutic interventions. Parents are encouraged to keep in touch with me after treatment is completed, continue to participate in the parent support group to provide assistance and support to other parents and to return to treatment if maintenance therapy is needed.