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Treatment Protocol

Problem Statement:

Counseling services are utilized to prevent disruptions in family structure with a specialization in preserving adoptive families and providing services to enhance the attachment in the parent-child relationship. The majority of the children have difficulty accepting adult-imposed limits or consequences, difficulty making eye contact, problems with defiance, physical and/or verbal aggression, and dishonesty.

Target Population:

Counseling services are provided to biological, foster, and adoptive families with various ethnic backgrounds. Typical diagnoses are Reactive Attachment Disorder, Attention-Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Anxiety Disorders. Additional diagnoses include Post-Traumatic Stress Disorder, Conduct Disorder, and Bipolar Disorder. The severity of Reactive Attachment Disorder in this population ranges from minor attachment problems to serious attachment disturbance.

Program / Practice Overview:

A child's primary attachment is the foundation for all future relationships and is critical in human development. When a child has experienced a disruption in the attachment cycle, every effort should be made to repair the damage and create a healthy attachment with a responsible, trustworthy caregiver. A continuum of services is utilized to promote healthy attachment.

Description of Services:

The intake/admission process includes obtaining informed consent to treat and review of client rights. An additional informed consent is obtained when attachment therapy will be utilized, which outlines the potential risks and benefits of attachment therapy. Following admission, information is gathered to assist in diagnosis and treatment planning, which includes treatment history, educational history, medical history, developmental information, attachment history, and placement history. In addition, behavior checklists, parent reports, and observational data are used in making a diagnosis. In cases where Reactive Attachment Disorder is suspected, the Randolph Attachment Disorder Questionnaire (RADQ) and Attachment Rubric are also utilized to assist in assessing attachment behaviors. The parents are asked to complete a Lifescript to assess their own history of attachment. The Story Completion Task may be used to assess attachment in children 5 and under. The Marschak Interaction Method may also be used to assess parent-child interaction patterns.

The treatment plan includes goals, measurable objectives, and discharge criteria that are individualized to the needs of the child and family and are specific to the identified behaviors and diagnoses of the child. Contracting is used with all clients involved in attachment therapy. Additional techniques include education about Reactive Attachment Disorder, psychoeducation regarding specialized parenting techniques, lifebooks, timelines, cognitive/behavioral therapy, paradoxical interventions, bibliotherapy, bonding exercises, nurturing holdings and psychodrama. Case consultation is sought from the ATTACH list serve on difficult cases as needed. Treatment plans are reviewed periodically (typically every 1-3 months) and changes are made as necessary.

Safety / Risk Management Plan:

During attachment therapy, parents participate in or observe the therapy process. If, during this process, a child becomes physically aggressive, the parents are encouraged to provide interventions to DE-escalate the child. Approved restraint techniques are only used in the rare instance that physical harm to self or others is likely. Interventions that interfere with breathing, circulation, or basic life functions are never utilized. If a child is at risk of harming self or others, the local police department would also be notified. If necessary, the child will be involuntarily hospitalized for crisis stabilization. Treatment techniques are determined based on the level of the child's compliance, age and symptoms. However, the least intrusive techniques are always utilized first and it is made clear to the child and family that attachment techniques are not used as a form of punishment. If there is ongoing risk, a written risk management plan is created to ensure the safety of the child and family.

Evaluations / Outcomes / Follow-up:

Attachment questionnaires (RADQ, Attachment Rubric, Lifescript) are completed regularly (every three months) throughout treatment to assess progress on symptom reduction, attachment behaviors and attachment parenting. The Outcome Rating Scale and Session Rating Scale are also used to assess a client's progress and satisfaction with services provided throughout treatment. Treatment plan reviews are also conducted regularly throughout treatment to evaluate progress toward specific objectives. The average length of treatment is one year. If appropriate and available, families are referred for additional services and/or support. When treatment ends, clients are informed that they can reopen their case at any time in the future if necessary. Therefore, follow-up treatment is only provided when the case is reopened. However, families are encouraged to seek ongoing support following discharge.

Qualifications of Staff:

The following is a list of trainings that are specific to attachment:

Date(s)	Training	Trainer	Hours
11/1/99-11/12/99	Two Week Intensive	Gregory Keck, Ph. D. Regina Kupecky, LSW	40.0
09/15/00	Adopting the Hurt Child	Gregory Keck	6.0
12/7/00-12/8/00	Reactive Attachment Disorder	Nancy Thomas, Bill Goble, Ph.D.	12.0
07/27/01	Adoption Summer School	Gregory Keck, Ph.D.	6.0

ATTACH Registration Renewal 2008

Date(s)	Training	Trainer	Hours
8/3/01-8/4/01	Healthy Parenting	Various (Attachment Center at Evergreen)	8.0
10/3/01-10/6/01	ATTACH Conference	Various	22.0
10/17/02-10/19/02	ATTACH Conference	Various	16.5
12/19/02	Understanding Reactive Attachment Disorder	Kenneth Miller	5.0
1/9/03-1/10/03	Attachment Therapy Intensive	Bill Goble, Ph.D.	10.0
4/6/03-4/10/03	Attachment Therapy Intensive	Neil Feinberg, LCSW	15.0
04/10/03	Parenting Attachment Disordered Children	Neil Feinberg, LCSW	3.0
9/24/03-9/27/03	ATTACH Conference	Various	20.5
04/16/04	Clinical Issues in Adoption	Carol Crow, LMHC Vicki Hummer, LCSW	6.0
01/21/05	Attachment Disorders	Jayne Johnston, LCSW	3.0
04/29/05	Infant Mental Health	Julie Larrieu, Ph.D.	3.0
02/18/06	Trauma Focused Cognitive Behavioral Therapy	National Child Traumatic Stress Network	10.0
11/06/06	Healing Parents: Corrective Attachment Parenting (from ATTACH 2005 Conference)	Terry Levy, Ph.D. and Michael Orlans, M.A.	6.0
11/07/06	Importance of Healthy Bonding and Attachment for Infants	Denise Reynolds-Bryant, B.A.	3.0
12/02/06	Beyond Consequences, Logic and Control	Heather Forbes, LCSW and B Bryan Post, LCSW	4.0
12/02/06	Parenting to Brain Strengths and Weaknesses (from ATTACH 2005)	Deborah Hage, MSW	3.0
10/11/07-10/12/07	ATTACH conference	Various	9.0
5/5/08-5/9/08	Corrective Attachment Therapy and Parenting	Evergreen Psychotherapy Center	14.0